of OCCUPATION is very

should state

PHYSICIANS

RECORD

RESERVED FOR BINDING MARGIN

WRITE

Exact statement PERMANENT ACE should be stated EXACTLY. DEATH in plain terms, so that it may be properly classified. carefully supplied. UNFADING CAUSE OF I

16

1 PLACE OF DEATH



STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No

-Ward) St.;-

Ilf death occurred in a hospital or institution, give Its NAME Instead ot street and number.]

DATE OF BURIAL

ADDRESS

	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
35	EX COLOR OR RACE SINGLE, MARRIED, WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH 3 274 , 191.5 (Month) (Day (Year)
6 D	(Month) (Day (Year)	17 HEREBY CERTIFY, That I attended decessed from 2 / 1 191.5 to 3 / 17 191.5 that I last saw h 22 slive on 3 / 17 191.5
7 A		and that death occurred on the date stated above, at \$300 m. The GAUSE OF DEATH* was as follows:
pa (b) bus wh	i) Trade, profession, or inticular kind of work. General nature of industry, siness, or establishmeat in lich employed (or employer) IRTHPLACE (State or country) Tioslauglon	Contributory aluta Heletation & Secondary /But (Duration) yrs mos des
PARENTS	10 NAME OF GOOW FURLERS 11 BIRTHPLACE OF FATHER (State or country) Mary Sound. 12 MAIDEN NAME OF MOTHER Martha Bowen	(Signed) J. B. C. M. D. B. J. M. D. B. J. J. J. M. D. B. J.
14 7	13 BIRTHPLACE OF MOTHER (State or country) Mosely Coo, Ald d. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) John Mb. Barks	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place tn the of death yrs mos ds. State yrs mos ds Where was disease contracted, tf not at place of death? Former or usual residence.
	(Addrage) Eduor. Nodo	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL

20 UNDERTAKER

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

gainfully employed, as At school or At home. Care mine, etc. Women at home, who are engaged in the additional line is provided for the latter statement; who have no occupation whatever, write None. eated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. Never return "Laborer," "Foreman," material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) eases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Farmer (retired 6 yrs.) For persons

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonacum, ctc., Carcin-

valvular heart disease; Chronic interstitial nephritis, mus," "Old Age," "Shoek," "Uraemia," "Weakness," thenia," "Anaemla" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." schsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e.g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaecte., when a definite disease can be ascertained as the "Heart fallure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conaffection need not be stated unless important. The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measics (disease eausing death), 22 ds.; "Senile," etc.), (Recommendations on statement of "Dropsy," "Exhaustion," Never report



N. B.—Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD BINDING MARGIN RESERVED FOR F. B. No. 1.

PLACE OF DEATH	STATE OF MARYLAND
County Marty	CERTIFICATE OF DEATH
	Registered No. 21
Village or City of susuanter (No	St; Ward) [If death occorred in a hospital or institution,
*FULL NAME RUTH AN	give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE MAGRICON	16 DATE OF DEATH 3 - 27 1915
Frenche White (Write the word)	(Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from
6 DATE OF BIRTH	3/17 ,191 67 to 3/27 ,1916 >
(Month) (Day) (Year)	that I last saw h alive on 3/27 ,1916-
7 AGE If LESS than	and that death occurred on the date stated above, at
79 yrs. 1 mos. 7 ds. 0R. min.?	The CAUSE OF DEATH* was as follows:
GOCCUPATION (a) Trade, profession, or	C 2
particular kind of work	a Trippe
business, or establishment in which employed (or employer)	(Doration)yrsmos
9 BIRTHPLACE (State or country) Mouth les	Contributory (Secondary)
10 NAME OF SATHER Charles R. Purdum	(Signed)
H 11 BIRTHPLACE OF FATHER Z (State or country)	3/27, 191 5 (Address) Garage Mg
MAIDEN NAME OF MOTHER 21	State the DISEASE CAUSING BEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, SUICIDAL, or HOMICIDAL.
13 BIRTHPLACE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the
(State or country) Mouta les	of death yrs ds. State yrs mos ds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death?
(Informant) Mas Justinia Kugas	Former or usual residence
(Address) Mentante My	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
16	20 UNDERTAKER ADDRESS
Filed 3 2 7 191.5° REGISTRAR	a. 4 lecoliste Gaitle &
If more blanks are needed, address State Registration	r, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health
Association.]

cated thus: Farmer (retired 6 yrs.). For persons who have no occupation whatever, write None. CAUSING DEATH, state occupation at heginning of illbeen changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication, as Day laborer, Farm laborer, Laborer—Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should he used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, (b) Cotton mill; (a) Salesman, Civil engineer, Stationary freman, etc. But in many first line will he sufficient, e. g., For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from husiness, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer or Planter, As examples: "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death—In any affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, micringes, peritonacum, etc.. Carcin-

sepsis, tetanus) may be stated under the head of Injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Potsoned mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "Puereral scptichacnus," "Old Age," "Shock," "Uraemla," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," ture of the American Medical Association.) cause of death approved by Committee on Nomencia-"Contributory." Accidental drowning; Struck by railway train—accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viocause, etc., when a definite disease can be ascertained as the "ITeart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion, "Collapse." "Coma," "Convulsions," "Dehility" ("Con ample: Measles (disease causing death), 29 ds. affection need not be stated unless important. cer" is less definite; avoid use of "Tumor" for malig mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report nant neoplasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of valvular heart disease; Chronic interstitial nephritis The contributory Aiways qualify all diseases resulting from (Recommendations on statement of (secondary or intercurrent) (name origin; "Can State cause for Examples: KI



PHYSICIANS RECORD of statement PERMANENT EXACTLY. ciassified. 4 700 properly AGE NX supplied. UNFADING carefully WITH should PLAINLY WRITE item OF

state OCCUPATION IS pinous PERSONAL AND STATISTICAL PARTICULARS 5 SINGLE, 3 SEX 4 COLOR OR RACE MARRIED. WIDOWEO, (Write the word) 6 DATE OF BIRTH (Day) (Month) 7 AGE 6 OCCUPATION (a) Trada, protession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer) ----certificate. State or country) 10 NAME OF FATHER ō back S 11 BIRTHPLAC FNT OF FATHER (State or country) PAR 12 MAIDEN NAME of information si DEATH in pialn See instructions o OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country See (Intermant) Every item CAUSE OF Important. (Address' 16

1 PLACE OF DEATH

3930 STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No

St.;....Ward)

[It death occurred in a hospital or institution, give its NAME Instead of street and number.]

RSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
4 COLOR OR RACE SINGLE, MARRIED, WIDOWEO, OROIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year)
	17 I HEREBY CERTIFY, That I attended deceased from
3 7 10B	mach 5 195 to kearch /6 195
(Month) (Day) (Year)	that I last saw h alive on
it LESS than	and that death occurred on the date stated above, at
	The CAUSE OF DEATH was as follows:
O N ession, or	/ Maria Cara Cara Cara Cara Cara Cara Cara
of work	
ture of industry, stablishment in	(Duration) yrs. mos 3 ds
(or employer)	Contributory
unity) Unitq. Co Md.	(Secondary) (Duration)yrs mos. ds
HER MAN IN Beckerath	(Signed) M. D. M. D.
HPLACE ATHER	3/16 , 1916 (Address) Naurowelle kg
EN NAME	*State the DISEASE CAUSING DEATH, OF, In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
MOTHER Mary -t. Jours	16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS
HPLACE TOTHER OF COUNTRY TO WA	At place In the of death yrs mos ds. State yrs mos ds
VE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death?
Jag. M. Bechurts	Former or
R T. D#/ Sellmanky	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
1708 - 6N/ 9.51	Jugar Land Ma. 3/17 1915
26 ,1913 Withourse M.D.	Petro Dove Paris Mi
If more blanks are needed, address State Regis trar, 6	E. Franklin St., Baito, Requesting V S No. 1

No. ŝ

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[Approved by U. S. Census and American Public Health Association.]

"Manager," "Dealer," etc., without more precise specicated thus: Farmer (retired 6 yrs.). CAUSING NEATH, state occupation at beginning of illbeen changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a definite saiary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fleation, as Day laborer, Farm laborer, Laborer-Coal statement. material worked on may form part of the second Groccry; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement the nature of the business or industry; and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative mealthfulwho have no occupation whatever, write None. Mousewife, Housework, or At Home, and children, not (a) Spinner, For many occupations a single word or term on the Statement of occupation--Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," (b) Cotton mill; (a) Salcsman, If the occupation has As examples: For persons

Statement of cause of death—Name, first, the dibeable causing death—Index affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubcrcutosis of lungs, meninges, peritonaeum, etc.. Carcin-

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If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

RECEIVED
APR 3 1915
BULLEAU, V.S.

No.

SICIANS should PERMANENT Instructions DEATH 0 POF Important. ш Every

PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. Ilf death occurred in St: Ward) a hospital or institution, give its NAME Instead of sfreef and number. 1 PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 16 DATE OF DEATH WIDOWED. ordivorceb (Write the word) (Month) I HEREBY CERTIFY, That i attended deceased from DATE OF BIRTH Month) 7 AGE If LESS than and that death occurred on the date stated above, at ... f day,....hrs. The CAUSE OF DEATH* was as follows: OR 7 BOCCUPATION (a) Trade, profession, or (b) General nature of industry. business, or establishment in (Duration) which employed (or employer) BIRTHPLACE Contributory Secondary (State or country) 10 NAME OF FATHER 11 BIRTHPLACE PARENTS OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN 12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER (State or country) of death yrs. mos. ds. State yrs. __ Where was disease contracted, If not at place of death? Former or usual residence. REMOVAL 15 20 UNDERTAKER ADDRESS Filed. REGISTRAS If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto, Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

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Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causing defection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemie cerebrospinal meuinglitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is iudefinite): Tubereucists of lungs, meninges, peritonaeum, etc., Carcin-

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vi

	ECORD	HYSICIANS should state
PAIGNIE ROL CHARLES AND TO THE PAIGNIE AND THE	WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.
No. 1.		CAU

1 PLACE OF DEATH County Montgomery

> PERSONAL AND STATISTICAL 4 COLOR OR RACE

> > July 27 (Month)

Helper in

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

Lours Boose

Mouly. Co. Med

which employed (or employer)

11 BIRTHPLACE
OF FATHER
(State or country) Prince

DATE OF BIRTH

BOCCUPATION

(a) Trade, profession, or particular kind of work... (b) General nature of Industry, business, or establishment in

9 BIRTHPLACE (State or country)

10 NAME OF FATHER

(informant) ---

12 MAIDEN NAME

13 BIRTHPLACE OF MOTHER (State or country)

TAGE

PARENTS

15

(No. (No. /	St.; Ward)
PARTICULARS	MEDICAL CERTIFICATE OF DEATH
(Day (Year) It LESS than 1 day,hrs. ORmln.?	16 DATE OF DEATH March 29 , 1913 (Month) (Day (Year) 17 I HEREBY GERTIFY, That I attended deceased from Morch 27 , 1915, to March 27 - , 1912, that I last saw her alive on Moarch 27 - , 1915 and that death occurred on the date stated above, at /2 m. The CAUSE OF DEATH* was as follows: Grip with acuse delabation of Heart
Mod Borge Med.	(Signed) State the DISEASE CAUSING DEATH, OT, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) Whether ACCIDENTAL, SUICIDAL, OT HOMICIDAL. 10 RECENT BESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT BESIDENCE)

OR RECENT	F RESIDENCE (F Residents)	OR Ho	SPITALS, INS	ITITUTIONS,	TRANSIEN	T
At place			In the			
of death yr	s mos	ds.	State	yrs,	mos.	d

Where was disease contracted.

It not at place of death? Former or

usual residence

19 PLACE OF BURIAL OR REMOVAL

Rockville 20 UNDERTAKER

ADDRESS

Postousvelle. Mod

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

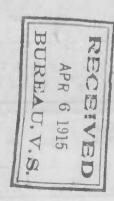
REGISTRAR

[Approved by U. S. Census and American Public Health Association.]

cases, especially in industrial employments, it is necness of various pursuits can be known. The question cated thus: Farmer (retired 6 yrs.) For persons Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, ctc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative healthfulwho have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease (a) Spinner, (b) Cotton mill; (a) Salesman, Civil engineer, Stationary fireman, etc. But in many Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," As examples: "Foreman," (4)

Statement of cause of death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubereulesis of lungs, meninges, peritonaeum, etc., Carcin-

cause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) "Contributory." (Recommendations on statement of sepsis, tetanus) may be stated under the head of by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably The contributory Always qualify all diseases resulting from Meastes (disease causing death), 29 ds.; (secondary or intercurrent) "Dropsy," "Exhaustion," State cause for Ex



1 PLACE OF DEATH STATE OF MARYLAND 3933 CERTIFICATE OF DEATH ICIANS should Registered No. 2// Ilf death occurred in St:Ward) a hospital or Institution. RECORD give its NAME instead of street and number. 1 MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS PERMANENT 5 SINGLE. 16 DATE OF DEATH 3 SEX (Day) Write the word) I HEREBY CERTIFY, That I attended deceased from 17 (Day) (Year) 7 AGE If LESS than 1 day,hrs. was as follows: OR min. ? 8 OCCUPATION (a) Trade, profession, or particular kind of work (b) Genaral nature of industry. supplied. business, or establishment in DING (Duration) yrs. — mos. / O ds. which employed (or employer) 9 BIRTHPLACE Contributory (State or country) (Secondary) 10 NAME OF FATHER 5 ARGIN 11 BIRTHPLACE 191.5. (Address) 4 PARENT OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER instructions plai Information 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) = At place in the OF MOTHER (State or country) of death ____ yrs. ___ mos. ___ ds. DEATH State yrs. ____ mos. Where was disaase contracted, 14 THE ABOVE IS T if not at placa of death? o Former or CAUSE OF Important, S Item usual residence Every Ite DATE OF BURIAL 15 20 UNDE ADDRESS If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at heginning of illheen changed or given up on account of the DISEASE of persons engaged in domestic service for wages, who have no occupation whatever, write None. Scrvant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. Care who receive a definite salary), may be entered as dutles of the household only (not paid Housekeepers minc, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; the nature of the husiness or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But ln many Physician, Compositor, Architect, Locomotive engineer, applles to each and every person, irrespective of age. ness of various pursuits can he known. The question Housewife, Housework, or At Home, and children, not (a) Spinner, (b) Cotton mill; (a) Salesman, (b) essary to know first line will be sufficient, e. g., For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retlied from husiness, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," (a) the kind of work and also (b) Farmer or Planter, As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causing death always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid dieumonia"); Lodar pneumonia; Bronchopneumonia ("Theumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc.. Carcin-

"Contributory." sepsis, tetanus) may be stated under the head of ture of the American Medical Association.) cause of death approved by Committee on Nomenclalnjury, as fracture of skull, and consequences (e. g., by carbolic acid-probably swicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPEBAL peritonitis," etc. childblrth or mlscarrlage, as "Puraperal septichaeetc., when a definite disease can he ascertained as the mus," "Old Age," "Shock," "Uraemla," "Weakness," "Ileart fallure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion, "Collapse." "Coma," "Convulsions," "Dehility" ("Conthenla," "Anaemla" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As ample: Measles (disease causing death), 29 affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronio cer" is icss definite; avoid use of "Tumor" for mails Bronchopncumonia (secondary), 10 ds. Never report oma. Sarcoma. etc., of ... The contributory Always qualify all diseases resulting from (Recommendations on statement of (secondary or intercurrent) (name origin; "Can State cause for Examples: For vio-



OCCUPATION PHYSICIANS RECORD PERMANENT cla properly AG supplied. pe UNFADING certificate. 90 back term LO See instructions plai 2 DEATH OF mportant. Every It

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1 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No If death occurred in St.: Ward) a hospital or Institution. give its NAME instead of street and number. PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RACE 5 SINGLE. 16 DATE OF DEATH MARRIED, 1915 WIDOWED, (Month) (Day (Year) (Write the word) I HEREBY CERTIFY, That I attended deceased from DATE OF BIRTH (Month) (Year) (Day 7 AGE If LESS than and that death occurred on the date stated above, a 1 day,hrs. The CAUSE OF DEATH* was as follows: OR 7 6 OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of Industry, business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country) Contributory Secondary 10 NAME OF FATHER (Signed) 11 BIRTHPLACE ARENT OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS 13 BIRTHPLACE OF MOTHER At place (State or country) Where was disease contracted, THE ABOVE IS If not at place of death? Former or usual residence 15 20 UNDERTAKER ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: CAUSING NEATH, state occupation at beginning of illshould be taken to report specifically the occupations gainfully employed, as At school or At home. Care statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of ago. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulbeen changed or given up on account of the nisease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers minc, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise speciessary to know For many occupations a single word or term on the who have no occupation whatever, write Nonc. Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, (a) the kind of work and also (b) As examples: "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing defection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pnenmonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonacum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis. uant neoplasms); Meastes; Whooping cough; Chronic ample: Meastes (disease causing death), 29 ds.; oma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) canse of dcath approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probabily LENT DEATHS state MEANS OF INJURY and qualify as which snrgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichaccause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart fallnre," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhanstion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenla," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. affection need not be stated unless important. is less definite; avoid use of "Tnmor" for malig-The contributory (secondary or intercurrent) (Recommendations on statement of State cause for Never report For Vio-



E should be stated EXACTLY. PHYSICIANS as be properly classified. Exact statement of of certificate. RECORD PERMANENT BINDING THIS IS AGE i be carefully supplied. AGE in plain terms, so that it me. See Instructions on back ESERVED UNFADING INK α Every item of information should be should state CAUSE OF DEATH in OCCUPATION is very important. PLAINLY,

N.B.

Coun	PLACE OF DEATH THY Montgomery Place OF DEATH No. 2 FULL NAME	State of Maryland CERTIFICATE of DEATH Registration Dist. No. 2/3 [If death occurred in a hospital or institution, give its NAME instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SE	CHOWN WILL SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)	16 DATE OF DEATH Month 2, 1915 (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from
	March 2 1915	, 191, to, 191,
7 AG	(Month) (Day) (Year)	that I last saw h alive on 191 ,
	O vrs O mos O ds, OR Omin.?	and that death occurred on the date stated above, at
8 00	CCUPATION 1) Trade, profession, or ricular kind of work	Still-Born
D U (b) General nature of industry siness, or establishment in ich employed (or employer)	(Ouration) yrs mos ds,
9 81	(State or country) new Pockirlle	Contributory Secondary (Burallon) yrs mos ds
Ŋ	10 NAME OF Heath Butt	(Signed) O. M. Ludua, M. O. 191 (Address Rockeville, Md.
ARENTS	OF FATHER (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental,
PAR	of MOTHER Bertie Chamman	SUICIDAL OF HOSILEIDAL. B LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
	13 BIRTHPLACE OF MOTHER (State or country)	OR RECENT RESIDENTS) At place In the solution of death yes mos. ds. State, yes mos. ds.
14 T	HE ABOVE (S TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
	(informant) B Exce Chafman Down	Former or usual residence
	(Address) Rochnee Ind	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
15 File	ed	20 UNDERTAKER ADDRESS
130	REGISTRAR	Porcus Racheel

[Approved by U. S. Census and American Public Health Association.]

write None is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton business, that fact may be indicated thus: Former (relired state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, engaged in domestic service for wages, as Servont, Cook, employed, as At school or At home. Care should be urife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer "Foreman," "Manager," "Dealer," etc., mobile factory. The material worked on may form part mill; (o) Salesmon, (b) Grocery; (a) Foremon, (b) Autobusiness or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to cian, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, first line will be sufficient, c. g., Farmer or Planter, Physi-For many occupations a single word or term on the ness of various pursuits ean be known. The question Hausemail, etc. If the occupation has been changed taken to report specifically the occupations of persons of the second statement. applies to each and every person, irrespective of age. -Coal mine, etc. Statement of Occupation-Precise statement of occupavery important, so that the relative healthful-For persons who have no occupation whatever, Women at home, who are engaged in Never return If retired from without more "Laborer,"

Statement of Cause of Death—Name, first, the disease causing death in the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobor pneumonia. Pronchopneumonia ("Pneumonia," menin-unqualified, is indefinite); Tuberculosis of lungs, menin-

mus," "Old Age," "Shock," "Uracmia," "Weakness "Anaemia" (merely symptomatie), "Atrophy, lapse," "Coma," "Convulsions," "Debility" symptoms or terminal conditions, such as "Asthenia," rent) affection need not be stated unless important. nephritis, etc. The contributory (secondary or intercurcough; Chronic valvular heort discuse; Chronic interstilial ges, perilonaeum, etc., Carcinoma, Sorcoma, etc., of under the head of "Contributory." suicide. The nature of the injury, as fracture of skull, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths cause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), ehopneumonia (secondary), 10 ds. Example: Meosles (disease causing death), 29 ds.; Bron-"Tumor" for malignant neoplasms); Meosles; Whooping (name origin; "Cancer" is less definite; avoid use of on Nomenclature of the American Medical Association.) on statement of eause of death approved by Committee and consequences (c. g., sepsis, helanus) may be stated head-homicide; Poisoned by "PUERPERAL perilonilis," etc. or miscarriage as "Puenpehal septichaemia, by railway train-occident; Revolver "Dropsy," "Exhaustion, .carbolie acid-probably State cause for which Never report mere "Atrophy," (Recommendations wound ("Con-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

RECEIVED
JUNI 8 1915

AGE should be stated EXACTLY. PHYSICIANS should state properly classified. Exact statement of OCCUPATION is very carefully supplied. that it may be certificate. 80 WRITE PLAINLY, WITH Every item of information should be CAUSE OF DEATH in plain terms, s.

See instructions on back of certificate.

Important.

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PLACE OF DEATH

County

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration	Dist.	No.dank

ADDRESS

S. No. 1.

VIII	2FULL NAME Pakert A	St.; Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
M	4 COLOR OR RACE MARRIED, WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH MULL 3, 191. (Month) (Day (Year)
6 D	(Month) (Day (Year)	that I last saw h us alive on March, 191 J.
7 A		and that death occurred on the date stated above, at 1.45 Pm. The CAUSE OF DEATH* was as follows:
pa (b) bus whi	Trade, profession, or ricular kind of work General nature of Industry, iness, or establishment in ch employed (or employer) RTHPLACE (State or country)	Contributer Alburellagie Fythe Secondary Line of the Contributer of t
ARENTS	10 NAME OF FATHER PRU CE Quinty 11 BIRTHPEACE OF FATHER (State or country) 12 MAIDEN NAME NOW TO NAME NOW THE PROPERTY OF TH	(Signed) *State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
14 7	13 BIRTHPLACE OF MOTHER (State or country) THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, on RECENT RESIDENTS) At place In the of death yrs. mos. ds. State yrs, mos. ds Where was disease contracted, if not at place of death? Former or usual residence.
	(Address). Aluning lan.	19 PLACE OF BURIAL OR REMOVAL GATE OF BURIAL

REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V.

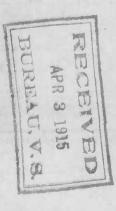
No. 1. 02

[Approved by U. S. Census and American Public Health Association.]

should be taken to report specifically the occupations duties of the honsehold only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specistatement. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is uec-Civil engineer, Stationary fireman, etc. Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every persou, irrespective of age. ness of various pursuits can be known. The question who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, State occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication as Day laborer, Farm laborer, Laborer material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, is very important, so that the relative healthful-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," But in many "Foreman," (6)

pneumonia"); Lobar pneumonia; Bronchopneumonia term for the same disease. Examples: Cerebrospinal time and causation), using always the same accepted causing dearn (the primary affection with respect to lesis of lungs, meninges, brospinal meningitis"); Diphtheria (avoid usc ("Pneumonia," "Cronp";) fever (the only definite synonym is Statement of cause of death-Name, first, the DISEASE Typhoid unqualified, is indefinite): Tubercufever (never report "Typhoid peritonaeum, etc., "Epidemic cere-Carcin-

> valvular heart disease; Chronic interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (uame origin; "Canture of the Americau Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. childbirth or miscarrlage as ctc., when a definite disease can be ascertained as the mus." "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (mcrely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated nnless important. dent; Revolver wound of head-homicide; Poisoned ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably is less definite; avoid use of "Inmor" for malig-The contributory (secondary or intercurrent) tetanus) may be stated under the head of Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Senile," ctc.), (Recommendations on statement of "Dropsy," "PUERPERAL septichae-State cause for "Exhaustion,"



N. B.

PLACE OF DEATH

County Montgomery	CERTIFICATE OF DEATH
Village or City Backrille (No	Registered No
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male Color of RACE Strate, MARRIED, Wichorner Windows On Divorce (Write the word) 6 DATE OF BIRTH	16 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from Man 13 , 191 5, to that I last saw have alive on Man 19 , 191 5
7 AGE (Month) (Day) (Year) 7 AGE 11 LESS than 1 day,hrs. ormin.?	and that death occurred on the date stated above, at 2 mm, The CAUSE OF DEATH * was as follows:
(a) Trade, profession, or particular kind of work or caehman (b) General nature of industry, business, or establishment in which employed (or employer) BIRTHPLACE (State or country) 10 NAME OF FATHER Hellewy Carroll	(Buration) yrs mos 6 ds. Contributory Arterior electronic (Secondary) (Duration) 10 yrs mos ds. (Signed) Octoord Arcelesson M. D.
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country) Maryland Maryland Maryland	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the Of death yrs, mos. ds. State 4 yrs, 5 mos. ds.
(Informant) Many Carelle, Md., (Address) Bockville, Md., 16 Filed Registran	Where was disease contracted, If not at place of death? Former or usual residence. 19 place of Burial or Removal. 19 place of Burial or Removal. 20 undertaker M. P. Pumphny Rockrille Mol 21, 1915. 22 Undertaker M. P. Pumphny Rockrille Mol 23, 1815.

3934

STATE OF MARYLAND

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). should be taken to report specifically the occupations who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers mine, etc. fication, as Day laborer, Farm laborer, Laborer "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is necapplies to each and every person, irrespective of age. who receive a definite salary), may be entered as (a) Spinner, (b) Cotton mill; (a) Salcsman, essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: For persons "Foreman," (4)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuborculosis of lungs, meninges, peritonaeum, etc.. Carcin-

childbirth or miscarriage, as "Purrperal septichaeture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Polsoned Accidental drowning; Struck by railway train-accisucb, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. State cause for etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," thenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 de.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis cer" is less definite; avoid use of "Tumor" for malig-"Collapse." "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report nant neoplasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of . The contributory (secondary or intercurrent) tetanus) may be stated under the head Always qualify all diseases resulting from "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of (name origin; "Can-Examples:



MARGIN

of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state. DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very See instructions on back of certificate. RECORD PERMANENT 4 PLAINLY, WITH UNFADING INK-THIS IS WRITE CAUSE OF I

3938 1 PLACE OF DEATH Village or City

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration	Dist,	No.X	123
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.....Ward)

[If death occurred in a hospital or institution. give its NAME Instead of street and number.]

604 3d H. J. W. Washington De

FULL NAME	wax carre
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male Colored Single, MARRIED. Single WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH Masch 25, 191.52 (Month) (Day (Year) 17 I HEREBY CERTIFY, That I attended deceased from
6 DATE OF BIRTH (Month) (Day (Year)	that I last saw hann alive on Merch 23, 1915.
7 AGE If LESS than t day,	and that double occurred on the date stated above, at
8 OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry.	Darlinonary Interculosis
business, or establishment in which employed (or employer)	Contributory Tuberculous perstonetis
(State or country) Maryland	(Doration)yrs mosds.
of 11 BIRTHPLACE	(Signed) Stoward At Howlett, M. D. March 26, 191. 5. (Address) Lilver Thring, M.d.
(State or country) / regimes 12 MAIDEN NAME OF MOTHER	*State the DISEANE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OR HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country) Virginia	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place in the of death yrs mos ds. State yrs mos ds
(Informant) A lice To the BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death? Former or usual residence
(Address) Sindley Md	Pilgrims Church Md March 27, 191 5

20 UNDERTAKER

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

8. No. 1.

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Filed Mar. 26 191 5

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise speciadditional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease statement. material worked on may form part of the second Grocery; (a) Forcman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," As examples: (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic ecrebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

ture of the American Medical Association.) "Contributory." schsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "Puerreral peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal scotichaccause. Always qualify all diseases resulting from cte., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report ample: Measles (disease eausing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Cancause of death approved by Committee on Nomenclaby earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned The contributory (secondary or intercurrent) "Senile," etc.), (Recommendations on statement of "Dropsy," "Exhaustion,"



(92)	3939
PLACE OF DEATH	STATE OF MARYLAND CERTIFICATE OF DEATH
County / Watgomes	012
all 1-	Registration Dist. No. 2
Village or City (No	St.; Ward) [If death occurred in a hospital or institution,
As and	give its NAME instead of street and number.]
2FULL NAME OUNCE	- mary
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE SINGLE, MARRIED, Sur O	16 DATE OF DEATH Much 8 1915
Male White word)	(Month) (Day (Year)
6 DATE OF BIRTH	Taky 18 1915 to March 8 1915
(Month) (Day (Year)	that I last saw h are allye on March 8 191
⁷ AGE (Month) (Day (Tear)	and that death occurred on the date stated above, at
3 4 1 day,hrs.	The CAUSE OF DEATH* was as follows:
BOCCUPATION	Jes fraumores h
(a) Trade, profession, or ADM particular kind of work.	
(b) General nature of industry, business, or establishment in	(Duration) yrs mos 3 ds.
which employed (or employer)	Contributory humation.
9 BIRTHPLACE (State or country)	Secondary
10 NAME OF AM COL.	(Juralion) Jrs. mos. os.
" nittey	(Signed) , M. D.
T birthplace OF FATHER (State or country)	*State the DISEASE CATSING DEATH OF In death from Vicinium
12 MAIDEN NAME ()	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, SUICIDAL, or HOMICIDAL.
of MOTHER Wester Januar	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
13 BIRTHPLACE OF MOTHER (State or country)	At place in the of death yrs, mos, ds
14 THE ABOVE 18 TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease confracted, If not at place of death?
(Informant Melling)	Former or
Jelse Show Pize	19 PLACE OF BURIAL OF REMOVAL OF BURIAL
(Address)	These fler the mar 10, 1915
Filed Mar 9 , 1915 Wit Laws	20 UNDERTAKER ADDRESS
REGISTRAR	118 mayor foreste
If more blanks are needed, address State Regis	trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

should be taken to report specifically the occupations duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specitiou is very important, so that the relative healthfulwho have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of Illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, It is nec-Civil engineer, Stationary freman, etc. Physician, Compositor, Architect, Locomotive engineer, first live will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never Farmer (retired 6 yrs.) For persons return "Laborer," As examples: But in many "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meulogitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lohar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberentesis of lungs, meninges, peritonaeum, etc., Carein-

thenia," "Anaemia" (merely symptomatic), "Atrophy," naut neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (uame origiu; "Caninjury, as fracture of skull, and consequences (e. LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. State cause for etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Couvulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "Asample: Measles affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of by earbolic acid-probably suicide. The nature of the dent; Revolver around of head-homicide; Poisoned Accidental drowning; Struck by railway train—accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. For viochildbirth or mlscarriage as Bronchopneumonia is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," (Recommendations on statement of (disease causing death), 29 ds.; (secondary), 10 ds. etc.), "Dropsy," "PUERPERAL septichae-"Exhaustion," Never report

If this certificate is looked over thoroughly and all questions a swered in detail, it will prevent further correspondence. Wil the data is essential and must be obtained before the certificate is permanently filed.

RECEIVED
APR 3 1915
BUREAU, V.S.

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10 pinous PHYSICIANS shou RECORD statement PERMANENT EXACTLY classified. pino properly AGE supplied. pe UNFADING may certificate. 9 Jo WITH back terms, 00 piain instructions Information 2 딥 DEATH WRITE 6 OF Important. Every it

1 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. e. fit death occurred in Village or City. -Ward) a hospital or institution. give its NAME instead of street and number.1 PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RACE 6 SINGLE. DATE OF DEATH MARRIED. WIDOWED, (Month) (Day (Year) ORDIVORCEO I HEREBY CERTIFY. That I attended deceased from DATE OF BIRTH (Month) (Day (Year) 7 AGE If LESS than and that death occurred on the date stated above, a 1 day,hrs. The CAUSE OF DEATH* was as follows: OR 7 BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country) Contributory Secondary (Doration) 10 NAME OF FATHER PARENTS 11 BIRTHPLACE (Address) OF FATHER (State or country *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER (State or country Where was disease contracted If not at place of death? usual residence ACE OF BURIAL DATE OF BURIAL (Address)..... 15 naich 20 UNDERTAKER ADDRESS REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balt . Requesting V. S. No. 1.

[Approved by U. S. Consus and American Public Health Association.]

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OCCUPATION IS PHYSICIANS RECORD statement PERMANENT classified. properly supplied. UNFADING may certificate. 50 WITH back terms, should -PLAINLY. ATH In plain Instructions Information DEATH WRITE 6 Item PO mportant. Every It

15

State Very PLACE OF DEATH

STATE OF MARYLAND

ADDRESS

CERTIFICATE OF DEATH Registration Dist. No Ilf death occurred le Village or City. -Ward) a hospital or Institution, give Its NAME lostead of street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX DATE OF DEATH 4 COLOR OR RACE 5 SINGLE, MARRIED. 191 OLLE WIDOWED, ORDIVORCED (Write the word) (Month) (Day (Year) I HEREBY CERTIFY, That I attended deceased from 6 DATE OF BIRTH (Month) (Day (Year) TAGE If LESS than and that death occurred on the date stated above, 1 day, Ohrs. The CAUSE OF DEATH* was as follows: 0 OR ... Q. min. ? 8 OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in (Doration) which employed (or employer) 9 BIRTHPLACE Contributory Secondary (State or country) (Doration) 10 NAME OF FATHER (Signed) 11 BIRTHPLACE Marc ., 1915... (Address) PARENT OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS. OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country) of death _ State _____ prs. ___ mos. ... yrs. mos. ... Where was disease contracted. 14 THE ABOVE STRUE TO THE BEST OF M KNOWLEDGE If not at place of death?-0 Former or (loformant) usual residence OF BURIAL PATE OF BURIAL (Address) .----

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

20 UNDERTAKER

[Approved by U. S. Census and American Public Health Association.]

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UNFADING INK-THIS

WRITE PLAINLY, WITH

PERMANENT

Every liem of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very Important. See instructions on back of certificate.

V. S. No. 1.

TRLACE OF DEATH

3942

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration	Dist.	No. 219	

1	11/			Registration Dist.	No.
1	10/10	Thee	No	St:Ward)	[It death occurred in

Village or City (No,	St.; Ward) St.; Ward) St.; Ward) St.; Ward) St.; Ward)
2 FULL NAME TWOWL IT Edw	of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL GERTIFICATE OF DEATH
SEX 4 COLOR OR RACE MARRIED, WIDOWED, ORDIVORCED GWIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH MANCA 25", 1915 (Month) (Day (Year)
6 DATE OF BIRTH Manch 25' (Month) (Day (Year)	that I last saw h alive on, 191
7 AGE It LESS than 1 day, Q. hrs. OR	and that death occurred on the date stated above, at 10,40 Pm, The CAUSE OF DEATH* was as follows:
(a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer)	Stile Form. (Duration) yrs mas ds.
10 NAME OF Edward Q. Cooley.	Contributory Secondary (Boration) yrs mos ds. (Signed) All Address) All Address)
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country)	*State the DISEASE CAUSING DEATH, Or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place in the of deathyrs,mosds
(informant) (Address) (Address) (Address)	Where was disease contracted, It not at place of death? Former or osual residence. 19 PLACE OF BURIAL OF REMOVAL 19 PLACE OF BURIAL OF REMOVAL OF REMOVAL 19 PLACE OF REMOVAL
Filed March 29,1915 - Mrs. H. J. Gralt	20 UNDERTAKER ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

gainfully employed, as At school or At home. mine, etc. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as dutics of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. (a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman," (d)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercucsis of lungs, meninges, peritonaeum, etc., Carcin-

LENT DEATHS state MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaemus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Meastes (disease causing death), 29 ds.; valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligcause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. Examples: which surgical operation was undertaken. For vioetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. oma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) "Contributory." by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably The contributory Always qualify all diseases resulting from "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of (secondary or intercurrent)



6

PLACE OF DEATH	STATE OF MARYLAND CERTIFICATE OF DEATH
County wongowers	Registration Dist, No. 222
Village or City Keusington (No)	St.; Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Weale Whete (Write the word)	16 DATE OF DEATH Wasel 12 ,1915 (Month) (Day (Year)
DATE OF BIRTH March 29 1891	17 I HEREBY CERTIFY, That I attended deceased from DEC 1913, to March 12, 1915.
7 AGE (Month) (Day (Year) 1 day,hrs. 2 yrs	and that death occurred on the date stated above, at 2:15am, The CAUSE OF DEATH* was as follows:
(a) Trade, profession, or particular kind of work. (b) General nature of Industry, business, or establishment in which employed (or employer) (c) General nature of Industry, business, or establishment in which employed (or employer)	(Duration) — yrs. If mos. — ds.
9 BIRTHPLACE (State or country) Montgomers Co. Med.	Secondary (Duration) yrs #.mosds.
of 11 BIRTHRIAGE	(Signed) 1348-1744 Coek E. M. D. "March 124915" (Address) 1048 Local E. M. D. *State the DISEASE CAUSING DEATH, OF In deaths, from VIOLENT
of Moth Clen G. lokealley	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTA, or RECENT RESIDENCE)
13 BIRTHPLACE OF MOTHER (State or country) Veorgetown DC 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	At place In the of death yrs mos ds. State yrs mos ds Where was disease contracted, If not at place of death?
(Informant) Harry K. Corrick	Former or usual residence
(Address). Kensangton Med.	Rock Creek . O. C March 1, 1915
Filed May 3, 1915 W Delvis	Lo. Lo. Deal & Co 816 H. Sh. W. S.
If more blanks are needed, address State Regist	trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1 loashington

[Approved by U. S. Census and American Public Health Association.]

cases, especially in industrial employments, it is nec-Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatemeut. (a) Spinner, (b) Cotton mill; (a) Salesman, Grocery; (a) Foreman, (b) Automobile factory. additional live is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Physician, Compositor, Architect, Locomotive engineer. first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care who receive a definite salary), may be entered as material worked on may form part of the second it should be used only when needed. Civil engineer, Stationary freman, etc. For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be Indi-Women at home, who are engaged in the Nevcr return "Laborer," As examples: But ln many "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

uant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of..... (name origin; "Caumus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection used not be stated unless important. injury, as fracture of skull, and consequences (e.g., such, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viochildbirth or miscarriage as etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inauition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secoudary), 10 ds. valvular heart disease; Chronic interstitial nephritis, ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) "Puerperal peritonitie," etc. State cause for Always qualify all diseases resulting from Measles "Senile," may be stated under the head of (Recommendations ou statement of (disease causing death), 29 ds.; etc.), "Dropsy," "Exhaustion," "Puerperal septichac-Never report





BINDING E D ESER/ ARGIN

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PHYSICIANS should of OCCUPATION is RECORD statement PERMANENT classified. pinous properly supplied. pe may certificate. that 80 of back terms, uo plain instructions 5 of Inform DEATH WRITE See Every Item CAUSE OF Important, S

(Address)

15

state

PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. Tit death occurred in -Ward) a hospital or institution. give its NAME Instead ot street and number. I PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 18 DATE OF DEATH 4 COLOR OR RACE S-SINGLE. MARRIED. WIDOWED. edowed (Month) (Day (Year) (Write the word) I HEREBY CERTIFY, That I attended deceased from (Month) (Day (Year) 7 AGE it LESS than and that death occurred on the date stated above, at 1 dayhrs. OR 7 BOCCUPATION (a) Trade, protession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer) Contributory. 9 BIRTHPLACE (State or country) 10 NAME OF FATHER S BIRTHPLACE . 191 6. (Address) ARENT OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. unsw 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS 13 BIRTHPLACE At place in the OF MOTHER (State or country) ot death _____ yrs. ___ mos. ___ State _____ yrs, _ _ ds. Where was disease contracted. it not at place of death? Former or usual residence

If more hlanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

IN as 20 UNDERTAKER

19 PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

Ca sh

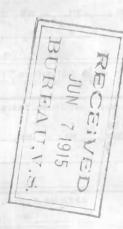
ADDRESS

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Servant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. it should be used only when needed. tion is very important, so that the relative healthfulbeen changed or given up on account of the DISEASE who receive a definite salary), may be entered as material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age ness of various pursuits can be known. The question (a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never Farmer (retired 6 yrs.) For persons return "Laborer," As examples: "Foreman," (4)

Statement of cause of death—Name, first, the disease causing nearth (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. Exvalvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." scpsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For vio-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 ds.; oma, Sarcoma, etc., of...... (name origin; "Can-The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), (Recommendations on statement of "Dropsy," "Exhaustion," 10



	WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANEN	efully supplied. Age should be stated EXACTL'	at it may be properly classified. Exact statem	rtfficate.
V. S. No. 1.	WRITE PLAINLY, WITH UNFADIN	N. BEvery Item of information should be carefully supplied. Age should be stated EXACTLY	CAUSE OF DEATH in piain terms, so that it may	important. See instructions on back of certificate.

VIIIage or City Calon Dark (No//5).	3945 STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist, No. 223 [It death occurred in a hospital or lostitution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jemsle White Single, Widow or Write the word)	16 DATE OF DEATH Mach 30, 1915 (Month) (Day (Year) 17 I HEREBY CERTIFY. That I attended deceased from
TAGE TAGE	that I last aaw h L alive on Track 30, 1915
73 yrs 6 mos /5 ds or min.?	and that death occurred on the date stated above, at 130 m. The CAUSE OF DEATH * was as follows:
(a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer) BIRTHPLACE (State or country) Washington, W.C.	Contributory Secondary Musicaulitia (Deration) Vers 7 mos ds. Contributory Secondary Musicaulitia (Deration) Vers 7 mos ds.
10 NAME OF John S. Payton 11 BIRTHPLACE	(Signed) (Signed) (Notation) yrs mos ds (Signed) (Signed) (Address) (Addres
11 BIRTHPLACE OF FATHER (State or country) W. S. A. 1 12 MAIDEN NAME OF MOTHER Hannah Barron	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, SUICIDAL, or HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country) (State or country)	At place In the ot death
(Informant) How to the Best of My Knowledge	If not at place of death? Former or usual residence.
(Address) Jakoma, May, 15 Filed April 1, 1915 He & Royers. REGISTRAR	20 UNDERTAKER LOSISH January Four Shash.

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise speciit should be used only when necded. As examples: additional line is provided for the latter statement cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) first line will be sufficient, e. g., applies to each and every person, irrespective of age. For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, If the occupation has Farmer or Planter, "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic eerebrospinal meningitis"); Diphtheria (avoid use of "Croup";). Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercutsis of lungs, meninges, peritonaeum, etc., Carcin-

cause of death approved by Committee on Nomencla-LENT DEATHS State MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," etc. State cause for genital," ture of the American Medical Association.) "Contributory." scpsis, tetanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicidc. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. For viochildbirth or miscarriage as "Puerperal septichaecause. Aiways qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convuisions," "Debility" ("Conthenia," "Anacmia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ampie: Measles (disease eausing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nophritis, nant neopiasms); Measles; Whooping cough; Chronic eer" is iess definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Can-The contributory (secondary or intercurrent) "Senile," etc.), "Dropsy," "Exhaustion," may be stated under the head of (Recommendations on statement of EX-



RECORD

PERMANENT

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STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 216. OCCUPATION Tif death occurred in Village or City a hospital or Institution. give its NAME instead of street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH EXACTLY SEX DATE OF DEATH MARRIED WIDOWED (Month) (Day (Year) ORDIVORCED (Write the word) I HEREBY CERTIFY, That I attended deceased from DATE OF BIRTH (Month) (Day (Year) 7 AGE it LESS than and that death occurred on the date stated above, at f dayhrs. The CAUSE OF DEATH* was as follows: OR 7 8 OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry. business, or establishment in which employed (or employer) certificate. BIRTHPLACE (State or country) 10 NAME OF FATHER 30 back PARENTS 11 BIRTHPLACE , 191 (Address) OF FATHER (State or country *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME Instructions OF MOTHER Information 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS. OR RECENT RESIDENTS) 2 13 BIRTHPLACE At place in the OF MOTHER (State or country) of death yrs. mos. ... _ ds. State I DEAT Where was disease contracted. See If not at place of death?to Former or OF usual residence. mportant. Every It LACE OF BURIAL OR REMOVAL DATE OF BURIAL (Address).... 15 20 UNDERTAKER ADDRESS REGISTRAR ż If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

applies to each and every person, irrespective of age. cated thus: CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a defiuite salary), may be entered as dutles of the household only (not paid Housekeepers mine, etc. "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. Physician, Compositor, Architect, Locomotive engineer, first liue will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthfulbeen changed or given up on account of the disease gainfully employed, as At school or At home. Care fication as Day laborer, Farm laborer, Laborer-Coal material worked ou may form part of the second who have no occupation whatever, write None. Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return Farmer (retired 6 yrs.) For persous "Laborer," As examples: But iu many "Foreman," (0)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origiu; "Can-"Contributory." scpsis, tetanus) injury, as fracture of skull, and consequences (e. g., Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, Or as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "Puerperal peritonitis," etc. State cause for childbirth or miscarrlage as ctc., when a defiuite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "luauition," "Maras-"Collapse," "Coma," "Couvulsions," "Debility" ("Conthenia," "Auaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. ture of the American Medical Association.) cause of death approved by Committee on Nomenclaby carbolic acid-probably suicide. The unture of the dent; Revolver wound of head-homicide; Poisoned is less definite; avoid use of "Tumor" for mahs-The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Seuile," etc.), (Recommendations on statement of may be stated under the head of "Dropsy," "Exhaustiou," "PUERPERAL septichac-Never report



1 PLACE OF DEATH	STATE OF MARYLAND
Marixa 1111	CERTIFICATE OF DEATH
County Montgonusuf	
0. 4	Registration Dist. No. 215
Village or City Gairursburg (No.	St.; Ward) [If death occurred in
	a hospital or iostitution,
Alelen 2 Do	of street and number.]
2FULL NAME SUUM V, SO	7.
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, Orrale	16 DATE OF DEATH MAN 18
MORIED, WIGHER	(Month) (Day (Year)
Jeniale Feather Whi So (Write the word)	17 I HEREBY CERTIFY, That I attended deceased from
6 DATE OF BIRTH	To Shusier in 191.
(Month) (Day (Year)	that I last sawh alive on Attendance 191
(Month) (Day (Year) 7 AGE If LESS than	
1 day,hrs.	and that death occurred on the date stated above, at
yrs 10 mos 2.5 ds. OR min.?	Part of Bank A
BOCCUPATION (a) Trade, profession, or	oromy ormens-preu-
particular kind of work	monie from history of these
(b) General nature of Industry, business, or establishment in	gover by mis Donclason
which employed (or employer)	(Duration) yrs. mos. ds.
9 BIRTHPLACE (State or country)	Contributory
Mardland	(Duration) yrs mos ds.
10 NAME OF FATHER	Min
William Day	(Signed) Crusty H. C. M. D.
11 BIRTHPLACE OF FATHER	(Address) 2 (Ville 7)
(State or country) maryland	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
11 BIRTHPLACE OF FATHER (State or country) MAIDEN NAME OF MOTHER STATE 12 MAIDEN NAME OF MOTHER 13 MAIDEN NAME OF MOTHER	
13 BIRTHPLACE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
OF MOTHER (State or country) Mary land	At place in the
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	of death yrs, mos, ds. State yrs, mos, ds Where was disease contracted,
14.0. 6	If not at place of death?
(Informant) MIS Wrights Donneson	Former or usual residence
(Address) Saither Sourg mid	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
15	6 more store 3/18 1915-
Flied March 17 1915 C. n. Stehman M. W	20 UNDERTAKER ADDRESS
REGISTRAR	Ty Parlish Maithere
If more blanks are needed address State Register	trar 6 W Franklin St. Palto Dansalla V. C. N.



[Approved by U. S. Census and American Public Health Association.]

tion is very important, so that the relative healthfulcated thus: applies to each and every person, irrespective of age ness of various pursuits can be known. The question who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, return "Laborer," "Foreman," (0)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculcisis of lungs, meninges, peritonaeum, etc., Carcin-

cause of death approved by Committee on Nomencla-"Contributory." scpsis, tctanus) injury, as fracture of skull, and consequences (e. g. by carbolic acid-probably suicide. The nature of the LENT DEATHS state MEANS OF INJURY and qualify us mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronic ture of the American Medical Association.) dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. Bronchopneumonia (secondary), 10 ds. Accidental drowning; Struck by railway train-acci is less definite; avoid use of "Tumor" for malig-Sarcoma, etc., of..... (name origin; "Can-The contributory (secondary or intercurrent) "Old Age," "Shock," "Uraemia," "Weakness," Measles (disease causing death), 29 ds.; (Recommendations on statement of may be stated under the head "Dropsy," "Exhaustion," State cause for Never report For vio-01

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

APR 6 1915 BURLAU, V.S.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD MARGIN V. S. No. 1.

BINDING

FOR

RESERVED

1 PLACE OF DEATH	3948 STATE OF MARYLAND
County milla	CERTIFICATE OF DEATH
County	Registration Dist. No. 2/2
Villago or City marlinshing No.	St.; Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]
² FULL NAME WELLE CO.	
PERSONAL AND STATISTICAL PARTICULARS 3 SEV 4 COLOR OR BACE 5 SINGLE,	MEDICAL CERTIFICATE OF DEATH
Jewale. Colored Single, MARRIED, WIDOWED OR DIVORCED OR DIVORCED (Write the word)	16 DATE OF DEATH MAL 8, 1915 (Month) (Day) (Year)
6 DATE OF BIRTH	17 I HERERY CERTIFY, That I attended deceased from
Jack / (Month) (Day) , 1849	that I last saw h alive on 191
7 AGE If LESS than	and that death occurred on the date stated above, at . / 45 Gm.
66 yrs 2 mos. 7ds. OR min.?	The CAUSE OF DEATH # was as follows:
(a) Trade, profession, or Authority particular kind of work	White I will still the sti
(b) General nature of industry business, or establishment in which employed (or employer)	(Buration) grs. mos /S Tage
9 BIRTHPLACE (State or country)	Contributory Secondary
10 NAME OF RATHER REASON DEGICES	(Signed) 56 31 34 (Buration) yrs moe ds.
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 13 MAIDEN NAME OF MOTHER	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental,
T 12 MAIDEN NAME OF MOTHER	SUICIBAL OF HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country) Mary large	OR RECENT RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place of deethyrsmos,ds. Stete,yrsmoe,ds. Where was disease contracted,
(Informant) Caland The BEST OF MY KNOWLEDGE	If not all placs of death?
(Address) Marlinshung	mar Lingham Mar (1911)
Fleth Mars, 191/5 & 9/ 3/ SREGISTRAR	30 UNDERTAKER ADDRESS Bauceville
If more blanks are needed, address State Registrar,	16 W. Saratoga St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

write None. business, that fact may be indicated thus: Farmer (retired 6 yrs.). For persons who have no occupation whatever, state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Househvepers precise specification as Day loborer, Form laborer, Lotorer mill; (a) Salesman, (b) Grocery; (a) Foreman, business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton "Foreman," "Manager," "Dealer," etc., without more of the second statement. mobile factory. know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to cian, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, first line will be sufficient, c. g., Farmer or Planter, Physiness of various pursuits can be known. The question For many occupations a single word or term on the applies to each and every person, irrespective of age tion is very important, so that the relative healthful-Coal minc, ctc. Statement of Occupation-Precise statement of occupa-The material worked on may form part Women at home, who are engaged in Never return "Laborer," (b) Auto-

Statement of Cause of Death—Name, first, the disease Causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"): Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia"); Lobar pneumonia, indefinite); Tuberculossis of lungs, menin-

genital," on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations suicide. The nature of the injury, as fracture of skull Struck and consequences (c. g., sepsis, tetanus) may be stated SUICIDAL, or HOMICIDAL, or as probably such, if impossible state MEANS OF INJURY and qualify as "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uracmia," "Weakness," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" -("Conhead-homicide; Poisoned by carbolic acid-probably to determine definitely. Examples: Accidental drowning. surgical operation was undertaken. For violent deaths "Puerperal peritonitis," etc. State cause for which birth or miscarriage as "PUERPERAL septichucmia," etc., when a definite disease can be ascertained as the symptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Broncough; Chronic valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping ges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of rent) affection need not be stated unless important nephritis, etc. (name origin; "Cancer" is less definite; avoid use of by railway train-accident; Revolver wound of Always qualify all diseases resulting from child-"Senile," etc.), "Dropsy," "Exhaustion," The contributory (secondary or intercur-Never report merc ACCIDENTAL,

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

of lungs, menin- APR 6 1915

BURLAU, V.S.

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WRITE PLAINLY, WITH of information should

PHYSICIANS should state of OCCUPATION Is very

Exact statement

properly classified.

DEATH in plain terms, so See instructions on back of

CAUSE OF Important. S

N.B.

AGE

EXACTLY.

A PERMANENT

County.

PLACE OF DEATH

3949

STATE OF MARYLAND CERTIFICATE OF DEATH

1/2

2	Registration Dis	st. No.
Village or City Mekvily (No, 2FULL NAME Infinit Love	St.; Ward)	[If death occurred is a hospital or institution, give its NAME instead of street and nomber.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE O	F DEATH
SEX COLOR OR RAGE SINGLE, MARRIED, MIDOWING OR DIVORGED (Write the word)	16 DATE OF DEATH (Month) 17 I HEREBY CERTIFY, That	Day (Year) I attended deceased from
Month) (Day (Year)	that I last saw halivs on	
7 AGE 7 18 mos fortus 1 day, hrs. 0R min.?	and that death occurred on the date stated The CAUSE OF DEATH* was as follows:	above, atm,
© OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country)	GontributorySecondary	yrs mos. ds.
10 NAME OF FATHER STATE (State or country) 12 MAIDEN NAME OF MOTHER STATE STATE STATE OF MOTHER STATE	(Signed)	, in deaths from Violent and (2) whether Acciden-
of Mother Many Solving 13 BIRTHPLACE OF MOTHER (State or country) 4 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Many Solving	18 LENGTH OF RESIDENCE (FOR HOSPITALS OR RECENT RESIDENTS) At place In the of death yrs. mos. ds. State Where was disease contracted, If not at place of death? Former or	yrs, ds
(Address) Instrumbus Chro	USUAL TOSIGENCE	DATE OF BURIAL
Filed 484	20 UNDERTAKER	ADDRESS

REGISTRAR

[Approved by U. S. Census and American Public Health Association.]

eated thus: Farmer (retired 6 yrs.) For persons should be taken to report specifically the occupations gainfully employed, as At school or At home. Care who have no occupation whatever, write Nonc. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers minc, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," ctc., without more precise specistatement. Never return "Laborer," "Foreman," material worked on may form part of the second Groccry; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary freman, etc. But in many applies to each and every person, irrespective of age. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of oeeupa-If retired from business, that fact may be indi-Women at home, who are engaged in the

Statement of cause of death—Name, first, the disease causing dearn (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Corchrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) a Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculcisis of lungs, meninges, peritonacum, etc., Carcin-

injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: thenia," "Anaemia" (merely symptomatie), "Atrophy," valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, cte., of...... (name origin; "Canture of the American Medical Association.) eause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of by carbolic acid-probably suicide. The nature of the ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. State cause for childbirth or misearriage as "Puerperal septichacete., when a definite discase can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railreay train-acciwhich surgical operation was undertaken. For viois less definite; avoid use of "Tumor" for malig-The contributory (seeondary or intercurrent) Always qualify all diseases resulting from Measics (disease causing death), 29 ds.; "Senile," cte.), "Dropsy," (Recommendations on statement of "Exhaustion,"



A PERMANENT RECORD

of OCCUPATION PHYSICIANS shou

properly classified. Exact statement AGE should be stated EXACTLY.

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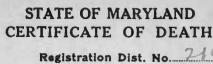
e carefully supplied.

CAUSE OF DEATH in plain terms, so that it mi Important. See instructions on back of certificate.

Every Item of Information should be CAUSE OF DEATH in plain terms, so

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1 PLAC	E OF	DEATH			
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	LL NAW			17	r.
2F11	II NAN	IF Lu	Ma.	00	0



...St.;.....Ward)

[It death occurred in a hospital or institution, give its NAME instead of street and number.]

PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Female Color or RACE Single, MARRIED, Married Widoweb, ORDIVORCED ORDIVORCED (Write the word)	16 DATE OF DEATH ROCK 26, 1913 (Month) (Day (Year)
8 DATE OF BIRTH REMARKS 31 , 18-92 (Month) (Day (Year)	HEREBY CERTIFY, That I attended deceased from March 26, 191 g, that I last saw has alive on March 19 1914.
TAGE 2 2 yrs 2 mos 26, ds. OR min.? **Boccupation** (a) Trade, profession, or 2 / 2 / 3 / 3 / 3 / 3 / 3 / 3 / 3 / 3 /	and that death occurred on the date stated above, at 1309m. The CAUSE OF DEATH* was as follows:
(b) General nature of Industry, business, or establishment in which employed (or employer)	(Duratien) O yrs mos ds.
OF FATHER (State or country) 10 NAME OF FATHER (State or country) 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER	(Signed) (Duration) yrs mos ds. (Signed) (Signed) (Signed) (Address) CAUSES, state the DISEASE CAUSING DEATH, or, in deaths from Vioyent CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, Suicidal, or Homicidal.
13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE (S TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the ot death yrs. mos. ds. State yrs. mos. ds Where was disease contracted, it not at place of death? Former or
(Address) Seucesville Maj	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL OF SURIAL 20 UNDERTAKER ADDRESS
REGISTRAR If more blanks are needed address State Desi-	I Justice & Mais of asserting

[Approved by U. S. Census and American Public Health Association.]

duties of the household only (not paid Housekeepers ness of various pursuits can be known. The question tion is very important, so that the relative healthful-CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persous engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kiud of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupatious a single word or term on the applies to each and every person, irrespective of age who have no occupation whatever, write None. been changed or given up ou account of the disease (a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupathus: If retired from business, that fact may be indi-Women at home, who are engaged in the Never Farmer (retired 6 yrs.) For persons return "Laborer," As examples: But in many "Foreman," (0)

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causatiou), using always the same accepted term for the same disease. Examples: Cerebrospinal feyer (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified," is indefinite): Tubereulesis of lungs, meninges, peritonaeum, etc., Carcin-

etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Exvalvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic "Collapse," "Coma," "Convulsions," "Debility" ("Conoma, Sarcoma, etc., of...... (name origiu; "Can-"Contributory." scpsis, tetanus) injury, as fracture of skull, and consequences (e. g., Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inaultion," "Maras thenia," "Auaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. ture of the American Medical Association.) cause of death approved by Committee on Nomenclaby carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned is less defiuite; avoid use of "Tumor" for malig-Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Senile," etc.), may be stated under the head of (Recommendations on statement of "Dropsy," "Exhaustion," "PUERPERAL septiehac-Never report



WRITE PLAINLY, WITH UNFADING INK-THIS IS A

CAUSE OF Important. S

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Exact statement should be stated EXACTLY. be properly classified. AGE carefully supplied. See instructions on back of certificate. DEATH in plain terms, so that it should be of Information

PHYSICIANS should state of OCCUPATION is very

RECORD

PERMANENT

1 PLACE OF DEATH

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 2/0

-St.;----Ward)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

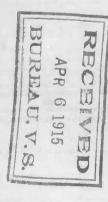
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male While Single, Lughe or the word)	16 DATE OF DEATH (Month) (Day (Year)
DATE OF BIRTH July 4, 1892 (Month) (Day (Year)	17 I HEREBY CERTIFY, That I attended deceased from 19 2 5, 1915, to 2007, 1915, that I last saw h 200 alive on Mas 2, 1915
AGE If LESS than t day,hrs. OR min. ?	and that death occurred on the date stated above, at 9-15 Pm, The CAUSE OF DEATH* was as follows: Acute Loban Double management
particular kind of work (b) General nature of Industry, business, or establishment in which employed (or employer)	(Duration) yrs mos. 6 ds.
10 NAME OF FATHER Clabone Elchison 11 BIRTHPLACE OF FATHER OF FATHER (State or country) 12 MAIDEN NAME C	(Signed) (Doration) yrs mos ds. (Signed) (Address) (Address) (State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Acciden-
OF MOTHER Many ling ima Paur 13 BIRTHPLACE OF MOTHER (State or country) Mondy on Co THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	TAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTA, OR RECENT RESIDENTS) At place In the of death yrs, mos. ds. State yrs, mos. ds Where was disease contracted, if not at place of death?
(Address) Woodbin Sud AFN # 2	Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Proces 5, 1915
Filed 7,1915 7, REGISTRAR If more blanks are needed, address State Regist	20 UNDERTAKER ADDRESS Carhele Carheng / Regnesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, ness of various pursuits can be known. The question cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. As examples: essary to know (a) the kind of work and also (b)Civil engineer, Stationary freman, etc. But in many applies to each and every person, irrespective of age. tion is very important, so that the relative healthfulwho have no occupation whatever, write None. For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," "Foreman," The (4)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) "Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercu-lesis of lungs, meninges, peritonaeum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Cancause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head of "Contributory." (Recommendations on statement of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaecause. Always qualify all diseases resulting from ctc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Meastes (disease causing death), 29 ds.; affection need not be stated unless important. ture of the American Medical Association.) Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably The contributory (secondary or intercurrent)



V. S. No. 1.

		1-PLACE OF DEATH	390% STATE OF MARYLAND	
	Coun	y mily	CERTIFICATE OF DEATH Registration Dist. No. 2/	3
	Villag	ge or City McRivila (No. ,	St.; Ward) [If death occ a hospital or ingive its NAME of street and n	stitution, instead
	-	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
OCCUPATION IS very important, occ mental and an area	7 AG 8 OC (a par bus white 9 BI 14 Th	4 COLOR ON RACE SINGLE, MARRIEO, WIDOWED OR OVERCED (Write the word) TE OF BIRTH (Month) (Day)	The CAUSE OF DEATH ** was as follows: (Duralion) (Duralion) (Signed) (Signed) (Signed) (Signed) (Signed) (Signed) (Signed) (Signed) (Address) (Address) (Address) (Address) (Address) (Suicroal of Homicidal. (Suicroal of Homicidal. (Suicroal of Homicidal. (Suicroal of Homicidal. (Signed) (Address) (Address) (Address) (Signed) (Sign	ds ds ds ds ds ds ds ds ds ds
	File	ed , 191 Registr	BAR AR RAMAN ALA ANDRESS	1 ch
			vistrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.	

[Approved by U. S. Census and American Public Health Association.]

business, that faet may be indicated thus: Farmer (rctired state occupation at beginning of illness. or given up on account of the disease causing death, Housemaid, etc. If the occupation has been changed engaged in domestie service for wages, as Servont, Cook, taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or Al Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Furm laborer, Laborer "Foreinan," "Manager," "Dealer," etc., without more mill; (a) Salesmon, (b) Grocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton mobile factory. cian, Compositor, Architect, Locomotive engineer, Civil engineer, Stolionary freman, etc. But in many cases, business or industry, and therefore an additional line is provided for the latter statement; it should be used know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to first line will be sufficient, e. g., Farmer or Planter, Physiapplies to each and every person, irrespective of age. ness of various pursuits can be known. The question For many occupations a single word or term on the tion is very important, so that the relative healthful--Coal mine, etc. Statement of Occupation-Precise statement of occupathe second statement. For persons who have no occupation whatever, The material worked on may form part Women at home, who are engaged in Never return "Laborer," If retired from (b) Auto-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemie eerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, menin-

on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and eonsequences (e. g., sepsis, telonus) may be stated SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning: on Nomenclature of the American Medical Association.) suicide. The nature of the injury, as fracture of skull, heod-homicide; Poisoned by Struck by railway train-accident; Revolver wound state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths cause. Always qualify all diseases resulting from ehild-"PUERPERAL peritonilis," etc. ete., when a definite disease can be ascertained as the mus," "Old Age," "Shoek," "Uracmia," "Weakness, genital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "H:emorrhage," "Inanition," "Marassymptoms or terminal conditions, such as "Asthenia, chopueumonia (secondary), 10 ds. Example: Meosles (disease eausing death), 29 ds.; Broncough; Chronic valeular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles, Whooping "Anaemia" rent) affection need not be stated unless important nephritis, etc. "Coma," (merely symptomatic), "Atrophy," "Coloma," "Convulsions," "Debility" ("Con-The contributory (secondary or intercur-"Puerperal septichaemia, carbolic acid—probably State cause for which Never report mere



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STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH County Registration Dist. No. Z 2 2 Ilt death occurred loWard) a hospital or institution. give its NAME Instead of street and number. I MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS S SINGLE, C DATE OF DEATH SEX 4 COLOROR RACE MARRIED, Mary (Month) (I)av (Year) (Write the word) I HEREBY CERTIFY. That I attended deceased from DATE OF BIRTH (Month) (Day (Year) 7 AGE It LESS than and that death occurred on the date stated above, at. 1 dayhrs. The CAUSE OF DEATH * was as follows: OR 7 8 OCCUPATION (a) Trade, protession, or particular kind of work (b) General nature of industry. business, or establishment in which employed (or employer) Contributory BIRTHPLACE Secondary (State or country) 10 NAME OF FATHER 00 back ARENTS 11 BIRTHPLACE OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in death from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, Or HOMICIDAL. 12 MAIDEN NAME See instructions 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS. OR RECENT RESIDENTS) 13 BIRTHPLACE OF MOTHER (State or country) At place In the of death yrs. _ mos. ds. State yrs _ Where was disease contracted. 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE It not at place of death? Former or Every item CAUSE OF Important. usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 15 20 UNDERTAKER REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

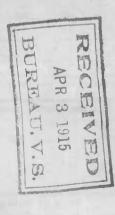


[Approved by U. S. Census and American Public Health Association.]

cases, especially in industrial employments, it is uecapplies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulcated thus: CAUSING DEATH, state occupation at beginning of ill-Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be eutered as duties of the honsehold only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatemeut. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the who have no occupation whatever, write Nonc. been changed or given up on account of the DISEASE Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persous As examples: But in many "Foreman," (b)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and cansation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcinesis of lungs, peritonaeum, etc., Carcinesis of lungs

mere symptoms or terminal conditions, such as "As valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Meastes; Whooping cough; Chronic oma, Sarcoma, etc., of...... (uame origin; "Cansuch, if impossible to determine definitely. Examples: which surgical operation was undertaken. For viochildbirth or miscarriage as etc., when a defiuite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," Bronchopneumonia (secondary), 10 ds. ample: Measles affection need not be stated unless important. ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of sknll, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as genital," is less definite; avoid use of "Tnmor" for malig-The contributory (secondary or intercurrent) "Puerreral peritonitis," etc. State cause for Always qualify all diseases resulting from "Seuile," etc.), (Recommendations on statement of (disease causing death), 29 ds.; "Dropsy," "Exhaustion," "PUERPERAL septichac-Never report



N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD BINDING RESERVED FOR MARGIN

	'PLACE OF DEATH	STATE OF MARYLAND
00	unty Montgomey	CERTIFICATE OF DEATH
Co	unty	Registration Dist, No. 2/3
	1 4 11	Registration Dist, No.
Vil	lage or City Rockvelle (No,	St.; Ward) [If death occurred is a hospital or institution,
	Matroca Ga	give its NAME Instead of street and number.]
	2FULL NAME MANDACU & a	4
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 51	EX 4 COLOR OR RACE 5 SINGLE, MARRIED, Swigle	18 DATE OF DEATH March 16
to	male White wide wind (Write the word)	(Month) (Day (Year)
6.0		17 I HEREBY CERTIFY, That I attended deceased from
- 5	ATE OF BIRTH FN/t XX GATE	Light 14 , 191 / to March 26 , 1915.
	(Month) (Day (Year)	that I last saw her alive on slauk 26 1915-
7 A		and that death occurred on the date stated above, at 7:50 a.m.
0	alt 78	The CAUSE OF DEATH* was as follows:
80	CCUPATION / MOS	
(a)	Trade, profession, or thrance trucken	Lobar meumonia
	riticular kind of work.	
bus	iness, or establishment in	(Duration) yrs mos 7 ds
-	ch employed (or employer)	9. 19/11/2/
- 8	(State or country) Juginia	Secondary
	10 NAME OF	old age (Ouration) yrs mos s.
	FATHER	(Signed) 6- L. Bulland, M. D.
S	11 BIRTHPLACE	Mar. 26 , 191 & (Address) Rockerlle, Ild
Z	OF FATHER (State or country)	
PARENTS	12 MAIDEN NAME OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
0	- Ruow	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
	13 BIRTHPLACE OF MOTHER (State or country)	At place 1 /12 In the 2
14	16/10/11/14	of death yrs. 6 mos. 2 ds. State yrs. 6 mos. 2 ds. Where was disease contracted,
17	HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	If not at place of death?
	(loformant) 6. L. Bullank	Former or washing lon, D. C.
	(Addrace) Rockville, Maryland	19 21 4 2 5 2 5 2 5 2 5 2 5 2 5 2 5 2 5 2 5 2
15	(Address) Mo Vy www. swangiona	
		20 UNDERTAKER ADDRESS
Fill	ed, 191Registrar	1100 11 00 0 6 01
	If more blanks are needed, address State Regist	trar, 6 E. Franklin St., Balto, Physicsting V S No. 1

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Scivant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as dutics of the household only (not paid Housekeepers mine, ctc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Forcman," Farmer (retired 6 yrs.) For persons The

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercucsis of lungs, meninges, peritonaeum, etc., Carcin-

cause of death approved by Committee on Nomencla-"Contributory." scpsis, tetanus) injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "Puerperal peritonitie," etc. State cause for childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasthenia," "Anacmia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neopiasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canture of the Americau Medicul Association.) by carbolic acid-probably suicidc. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-"Coliapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopncumonia (secondary), 10 ds. Never report The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measics (disease causing death), 29 ds.; "Senilc," etc.), may be stated under the head of (Recommendations on statement of "Dropsy," "Exhaustion,"



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3900 STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH County Registration Dist. No. Villags or City -Ward) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 16 DATE OF DEATH 4 COLOR OR RACE 5 SINGLE. MARRIEO, WIDDWED. & (Write the word) (Month) I HEREBY CERTIFY, That I attended deceased from DATE OF BIRTH (Month) (Day (Year) TAGE if LESS than and that death occurred on the date stated above, at 12 1 day hrs. The CAUSE OF DEATH* was as follows: OR 7 BOCCUPATION (a) Trade, protession, or particular kind of work. (b) General nature of indostry. business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country) Contributor Secondary (Duration) 10 NAME OF FATHER (Signed) ARENTS 11 BIRTHPLACE OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, Or HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER (State or country) ot death _____ yrs. ____ mos. . State Where was disease contracted. It not at place of death? Former or usuai residence. 19 PLACE OF BURIAL OR REMOVAL 15

[if death occurred in

(Year)

a hospital or institution. give Its NAME instead ot street and number.]

(Day

DATE OF BURIAL

ADDRESS

REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

20 UNDERTAKER

[Approved by U. S. Census and American Public Health Association.]

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Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemie cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

genital," ture of the American Medical Association.) cause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably such, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "Puerperal peritonitis," etc. State eause for childbirth or miscarriage as "Puerperal septichaecause. etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Can-"Coutributory." by carbolic acid-probably suicide. The nature of the Aecidental drowning; Struck by railway train-acci-Bronchopneumonia (secondary), 10 ds. Never report The contributory Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Senile," etc.), (Recommendations on statement of (secondary or intercurrent) "Dropsy," "Exhaustion,"



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carefully supplied. AGE should be stated EXACILY. PRISSIVIAND SHOULD SEED that it may be properly classified. Exact statement of OCCUPATION Is very DEATH in plain terms, so that it made See instructions on back of certificate.

S. No. 1.

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1 PLACE OF DEATH



STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 2/0

St.;----Ward)

[If death occurred in a hospital or Institution, give its NAME instead of street and nomber.]

	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
73sex	4 COLOR OR RACE Single, MARRIED, WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH Max 29, 1915 (Month) (Day (Year)
6 DATE	not kurvin, 1849	that I last saw here alive on Mage 28 1915
7 AGE	(Month) (Day (Year) If LESS than f day,hrs. ORmln. ?	and that death occurred on the date stated above, at // a.m. The CAUSE OF DEATH* was as follows:
(a) Tra	UPATION Ide, profession, or Ider kind of work.	Chowne Hafelander
busines	neral nature of Industry, s, or establishment in employed (or employer)	(Duration) 2 yrs 6 mas. ds
9 BIRT (St	HPLACE tate or country) Tronlgony Coh	Contributory Secondary (Duration) yrs mos ds
	PNAME OF fram me abes	(Signed) M. D
ARENTS	OF FATHER (State or country) Mondagoury Co Ind	*State the DISEASE CAUSING DEATH, or, In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL
<u>a</u>	MAIDEN NAME Hancelt Source	TAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OF RECENT RESIDENTS)
i I	SBIRTHPLACE Thoulgoney Co, My (State or country) ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Af place In the of death yrs, mos ds. State yrs, mos ds Where was disease contracted,
	OTBANI) Suctiona & Wilson	If not at place of death? Former or usual residence.
15	(Address) Gallers burg RFN#1	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL About 4000 1913
	Mas 29, 1915 TI IT REGISTRAR	20 UNDERTAKER ADDRESS Laylowalle

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the statement. Never return "Laborer," "Foreman," been changed or given up on account of the DISEASE of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. (a) Spinner, (b) Cotton mill; (a) Salesman, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Farmer (retired 6 yrs.) For persons (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic eerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) 'Typhoid fever (never report "Typhoid dineumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

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Very PHYSICIANS should of OCCUPATION IS RECORD PERMANENT EXACTLY. 0 properly AGE UNFADING may certificate. ō back 0 plain See Instructions Information ٤ DEATH 0 Item 0 mportant, Every Ite m

3957 1 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No Tif death occurred in ---Ward) a hospital or institution. give its NAME instead of street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 5 SINGLE. 4 COLOR OR RACE DATE OF DEATH MARRIED. 1912 WIDOWED, (Month) (Dav ORDIVORCED (Write the word) I HEREBY CERTIFY, That I attended deceased from DATE OF BIRTH (Month) (Day (Year) TAGE If LESS than and that death occurred on the date stated above. 1 day hrs. The CAUSE OF DEATH* was as follows: OR min. ? BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of Industry, business, or establishment in which employed (or employer) 9 BIRTHPLACE Contributory. Secondary (State or country) (Doration) 10 NAME OF FATHER PARENTS 11 BIRTHPLACE OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country) ot death _____ yrs. ..._ mos. __ _ ds. State _ Where was disease contracted.

If not at place of death?

19 PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

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Former or

usoal residence.

ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers minc, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second it should be used only when needed. As examples: additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits ean be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. been changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, the nature of the business or industry, and therefore an Civil engineer, Stationary freman, etc. But in many Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemie cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercutesis of lungs, meninges, peritonaeum, etc., Carcin-

injury, as fracture of skull, and eonsequences (e. g., sepsis, tetanus) may be stated under the head of "Contributory." (Recommendations on statement of mia," "PUERPEBAL peritonities," etc. State cause for childbirth or miscarriage as "Puerperal septichac-"Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) eause of death approved by Committee on Nomenclasuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. etc., when a definite disease can be ascertained as the mus," "Old Age," "Shoek," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," by carbolic acid-probably suicidc. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-Bronchopneumonia (secondary), 10 ds. is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Aiways qualify ail diseases resulting from Meastes (disease eausing death), 29 ds.; "Senile," etc.), "Dropsy," "Exhaustion," Never report For Vio-



SICIANS should OCCUPATION IS RECORD PERMANENT classified. properly INK supplied. pe UNFADING may 80 of WITH terms, Instructions plai Information 5 DEAT ō FO mportant. Every

3958 STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH Registered No (If death occurred in Village or City St:Ward) (No. a hospital or Institution. give its NAME Instead of street and number. 1 FULL NAME MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 5 SINGLE, 4 COLOR OR RACE MARRIED, & SSEX 1912 (Month) (Year) ORDIVORCED (Write the word) I HEREBY CERTIFY. That I attended deceased from (Day) (Year) (Month) If LESS than 7 AGE and that death occurred on the date stated above, at, 1 day,hrs. The CAUSE OF DEATH * was as follows: OR min. ? BOCCUPATION (a) Frade, profession, or particular kind of work (b) General nature of Industry, business, or establishment in (Duration) which employed (or employer) ... 9 BIRTHPLACE (Secondary) (State or country) 10 NAME OF FATHER (Signed) 11 BIRTHPLACE ENT OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-2 TAL, SUICIDAL, OF HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER (State or country) Staté yrs. ot death _____ yrs. ____ mos. ____ ds. Where was disease contracted. 14 THE ABOVE IS TRUE It not at place of death?... Former or usual residence. OF BURIAL 15 ADDRESS Filed...

RECISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health
Association.]

additional line is provided for the latter statement; the nature of the business or industry, and therefore an ness of various pursuits can be known. The question tion is very important, so that the relative healthfulcated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of iliof persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal statement. material worked on may form part of the second Groccry; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. who have no occupation whatever, write None. been changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite saiary), may be entered as "Manager," "Dealer," etc., without more precise speci-For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never retnrn "Laborer," (b) Cotton mill; (a) Salesman, For persons "Foreman," 9

Statement of cause of death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, pertionaeum, etc.. Carcin-

cer" is less definite; avoid use of "Tumor" for mall? ture of the American Medical Association.) cause of death approved by Committee on Nomenclascpsis, tetanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPEBAL peritonitis," etc. State cause for childbirth or miscarriage, as "Puerperal septichae cause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras genital," "Senile," etc.), "Dropsy," "Exhaustlon," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of ... "Contributory." The contributory (secondary or intercurrent) (Recommendations on statement of may be stated under the head (name origin; "Can-Examples:



V. S. No. 1.

state very	PLACE OF DEATH	CERTIFICATE OF DEATH
la si	Gounty Mount or Men	Registration Dist, No. 222
shou	Village or City Linden (No	
RD ANS UPAT	Village or City Water	St.; Ward) [It death occurred in a hospital or institution, give its NAME instead
COP	11 obsertes	Hodgeson of street and number.]
PH	²FULL NAME	
NT.	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
MANE EXACTI	male White Single, MARRIED, WARRIED, ORDINGE, OR	16 DATE OF DEATH Much: 25 1915 (Month) 25 (Day /9/0 (Year)
PERI stated	6 DATE OF BIRTH (1807) 25, 900	17 I HEREBY GERTIFY, That I attended deceased from harch 18 1915 to march 25 1915,
be lifted	(Month) (Day (Year)	that I last saw h has allve on Man 25 ,1915
S IS	7 AGE If LESS than 1 day,hrs.	and that death occurred on the date stated above, atm, The CAUSE OF DEATH's was as follows:
THIS why	yrs mos ds or min.?	Congential Darayses
AGE prope	8 OCCUPATION (a) Trade, protession, or particular kind of work.	menteal deflicitly
NG IN	(b) General nature of industry, business, or establishment in which employed (or employer)	Deure besthe (Ouration) yrs mos ds.
IFADI fully su at it m tiffcate.	9 BIRTHPLACE (State or country) Mash &.	Gentributory hautton Secondary Judual (Buration) yrs 3 mos 6 ds.
H UN se care so this of cer	10 NAME OF FESTERT 1. Hodge	(Signed) Surface rights
WIT	V 11 BIRTHPLACE OF FATHER (State or country) Commada	Address) Town Suy Me
shot a tel	12 MAIDEN NAME	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
Hon Plai	a Jellindo Harger	JE LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
PLA Forma	13 BIRTHPLACE OF MOTHER (State or country)	At place in the of death yrs mos ds State yrs mos ds
ITE of In DEA'	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
WRI	(Informant) The state of grown	Former or usual residence
y Its	(Address) Linden had	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Every	15	Mashing fore Der March 26, 1915
n n	File Marel 16, 191 5 House of Harvell My	20 UNDERTAKER ADDRESS ADDRESS 13.37-10 toly mu
ż	The state of the s	trap, 6 E. Franklin St., Dalto., Requesting V. F. Stone fine glove De
		00000

- Signar

[Approved by U. S. Census and American Public Health Association.]

of persons engaged in domestic service for wages, as fication as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many applies to each and every person, irrespective of age. ness of various pursuits can be known. The question cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekcepers "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. The essary to know (a) the klnd of work and also (b) Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., For many occupations a single word or term on the tion is very important, so that the relative healthfulwho have no occupation whatever, write None. (a) Spinner, (b) Cotton mill; (a) Salcsman, it should be used only when needed. As examples: Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer or Planter, "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculçsis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic cause of death approved by Committee on Nomencla "Contributory." (Recommendations on statement of such, if impossible to determine definitely. Examples: mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uracmia," "Weakness," "Heart failure," "Hacmorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (mercly symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Meastes (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Canture of the American Medical Association.) sepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. The contributory (secondary or Intercurrent) For vio-



WRITE PLAINLY, WITH UNFADING INK-THIS IS

carefully supplied.

See Instructions on back of certificate.

of information should be

CAUSE OF Important. S

M

PHYSICIANS should state

properly classified. Exact statement of OCCUPATION is very

AGE should be stated EXACTLY.

9	100 E		A 57	OF	90. 1		FR 8 1
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County Montgerney

ge or City Atmitig



3900 STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 210

..St.;.....Ward)

[If death occurred in a hospital or iostitutioo, give its NAME instead of street and nomber.]

FULL NAME Cherry M. Homand

PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Markies, Morried Markies, Morried Model Nagro (Write the word)	16 DATE OF DEATH 18 1915 1915 (Month) (Day (Year)
B DATE OF BIRTH October 18th 1883	17 I KEREBY CERTIFY, That I attended deceased from Marks 1815, 1915, to Marks 1915.
(Month) (Day (Year) 7 AGE 1 If LESS than 1 day,hrs. 0Rmln.?	and that death occurred on the date stated above, at
(a) Trade, profession, or Particular kind of work.	Olmahal Embolus -
(b) General nature of Industry, business, or establishment in which employed (or employer)	(Duration) yrs mos ds.
10 NAME OF FATHER Country Howard Property OF FATHER Control of FATHER	Contributory Secondary (Duration) yrs mos ds. (Signed) (Signed) (Address) (Address) (Address)
OF FATHER (State or country) // m/gain (Do - DUS) 12 MAIDEN NAME OF MOTHER PLACES VIIII	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS.
13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	At place In the of death yrs. mos. ds. State yrs. mos. ds. Where was disease contracted,
(Informant) Chauching 7 Phouses	If not at place of death?————————————————————————————————————
(Address) Anotherite 14/5 H	Howards Home Centry man 14, 1915
Filed 13, 1915 7 1+ Dyson REGISTRAR	450 Lewowder Buglolow Sund

[Approved by U. S. Census and American Public Health Association.]

of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not dutics of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second additional line is provided for the latter statement; who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations who receive a definite salary), may be entered as mine, etc. "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-For many occupations a single word or term on the (a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," (b) Cotton mill; (a) Salesman, As examples: "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) "Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculessis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic cause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head of "Contributory." (Recommendations ou statement of ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably mia," "PUERI'ERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaectc., when a definite discase can be ascertained as the valvular heart disease; Chronic interstitial nephritis, cer" is less definite; avoid use of "Tumor" for mailgoma, Sarcoma, etc., of..... (name origin; "Canture of the American Medical Association.) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report ample: Meastes (disease causing death), 29 ds.; affection need not be stated unless important. The contributory Always qualify all diseases resulting from (secondary or intercurrent)

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

APR 6 1915
BUREAU, V.S.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD BINDING FOR RESERVED MARGIN V. S. No. 1.

	PLACE OF DEATH	STATE OF MA	ARYLAND
Cour	Monlyomen	CERTIFICATE	OF DEATH
Ooui		Registration D	lst. No. 22/
	ge or City Damascus (No. ,	St.; Ward)	[If death occurred in a hospital or institution, give its NAME instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE	OF DEATH
3 SE Tes	rale Color or RACE SINGLE, MARRIED, WIDDWED OR DIVORCED (Write the word)	16 DATE OF DEATH Thar. (Month)	7 , 1915 (Day) (Year)
6 DA	TE OF BIRTH	17 HEREBY CERTIFY, That I a	/
	Dala 11 and	, 191.5., to J	1 23 , 1915,
	(Month) (Day) (Year)	that I last saw here alive on To	25, 1915,
7 AG		and that death occurred on the date s	tated above, at 8.4. m.
	yrs. 4 mos. 27 ds. OR min.?	The CAUSE OF DEATH * was as follo	ws:
8 0	CCUPATION	Broncho Onec	emorea
/ (8) Trade, profession, or ricular kind of work		
0.6) General nature of Industry		
bu wh	siness, or establishment in ich employed (or employer)		yrs. mos. 10 ds.
	(State or country)	Secondary and duri	/
	10 NAME OF Leoige Jackson	(Signed) Les. M. Boge	yrs. mos ds.
NTS	11 BIRTHPLACE OF FATHER (State or country)	*State the DISEASE CAUSING DEATH, o	
PARENT	12 MAIDEN NAME S 1 4 Of 0.0	*State the Disease Causing Death, o Causes, state (1) Means of Injury; and Suicidal of Homicidal.	(2) whether Accioental,
4	Onan Welch	18 LENGTH OF RESIDENCE (FOR HOSPITALS OR RECENT RESIDENTS)	, INSTITUTIONS, TRANSIENTS,
	of Mother (State or country)	At place In the of deeth	e le,yrsmosds.
14 T	HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Whera was disease contracted, if not all place of death?	
	(Informant) Mrs. Edith Jackson	Former or usual residence	
	(Address) R. D. Monrovia Md.	19 PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
15		transley Countery	Mrss. 8 , 191.7
FI	ed	20 UNDERTAKER	ADDRESS
	REGISTRAR	10 H. Bouman	nut. acry, med.
	If more blanks are needed, address State Registrar,	16 W. Saratoga St., Balto., Requesting V. S. No.	1.



[Approved by U. S. Census and American Public Health Association.]

write Nane. business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer Housemaid, etc. engaged in domestic service for wages, as Screant, Cook, taken to report specifically the occupations of persons employed, as At school or At home. Care should be "Foreman," "Manager," "Dealer," etc., without more mill; (a) Salesman, (b) Grocery; (a) Farcman, only when needed. As examples: (a) Spinner, (b) Catton mabile factory. is provided for the latter statement; it should be used know (a) the kind of work and also (b) the nature of the cian, Compositor, Architect, Locamative engineer, Civil engineer, Stationary fireman, etc. But in many cases, business or industry, and therefore an additional line especially in industrial employments, it is necessary to first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Coal mine, etc. Statement of Occupation-Precise statement of occupathe second statement. For persons who have no occupation whatever, The material worked on may form part If the oecupation has been changed Women at home, who are engaged in Never return "Laborer," (b) Auto-

Statement of Cause of Death—Name, first, the disease causing death of the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebraspinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhaid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Branchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculasis of lungs, menin-

on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (c. g., sepsis, telanus) may be stated SUICIDAL, or HOMICIDAL, or as Irrobably such, if impossible head—hamicide; Poisoned by corbolic to determine definitely. Examples: Accidental drowning. state MEANS OF INJURY and qualify as surgical operation was undertaken. For violent deaths "Puerperal perilonitis," etc. State cause for which birth or miscarriage as "Puenperal septichaemia," etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uracmia," "Weakness," genital," "Senile," etc.), "Dropsy, Exhausus, "Heart failure," "Hæmorrhage," "Inanition," "Maras-"Anaemia" (merely symptomatie), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia," Example: Measles (disease causing death), 29 ds.; Bron-chapmeumonia (secondary), 10 ds. Never report mere rent) affection need not be stated unless important. cough; Chronic valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping nephritis, etc. ges, perdanaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid use of by raihway train-accident; Revolver wound of Always qualify all diseases resulting from child-The nature of the injury, as fracture of skull, The contributory (secondary or intercuracid-probably ACCIDENTAL,



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County

Village or City

STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 222

St.;....Ward)

[If death occurred in a hospital or institution, give its NAME Instead of street and number.]

FULL NAME	s. Maure
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
ACCUPATION (a) Trade, profession, or A COLOR OF RACE SINGLE, MARRIED, MAR	(Month) (Day (Year) I HEREBY CERTIFY, That I attended deceased from I Have been to the last saw have alive on the date stated above, at 3 3 mm. The CAUSE OF DEATH* was as follows:
particular kind of work. (b) General nature of Industry, business, or establishment in which employed (or employer) PRITHPLACE (State or country) 10 NAME OF FATHER COST BY GRACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER COST COST COST COST COST COST COST COST	(Signed) *State the Disease Causing Dearly, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accident
13 BIRTHPLACE OF MOTHER (State or country)	18 TENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) At place In the of death yes mos de State yes mos de

14 THE ABOVE WITHE TO THE BEST OF MY KNOWLEDGE

(Intermant)

(Address).

REGISTRAR

19 PLACE OF BURIAL OR REMOVAL

Where was disease contracted.

If not at place of death?

Former or

usual residence

DATE OF BURIAL

ADDRESS

20 UNDERTAKER

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, ctc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of ageness of various pursuits can be known. The question tion is very important, so that the relative healthfulshould be taken to report specifically the occupations duties of the household only (not paid Housekeepers mine, etc. "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as gainfully employed, as At school or At home. who receive a definite salary), may be entered as fication as Day laborer, Farm laborer, Laborer-Coal ness. If retired from business, that fact may be indibeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not (a) Spinner, who have no occupation whatever, write None. Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," (b) Cotton mill; (a) Salesman, Farmer (retired 6 yes.) For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only defiuite synouym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

nus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, aant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of..... (name origin; "Can-IENT DEATHS State MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichae" "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Contheuia," "Auaemia" (merely symptomatic), "Atrophy," mere simptoms or terminal conditions, such as "As Bronchopneumonia (secondary), 10 ds. Never report ample: sepsis, tetanus) may be stated under the head of lnjury, as fracture of skull, and consequences (e. g., Accidental drowning; Struck by railway train-acei such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probabily which surgical operation was undertaken. For vioture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of



BINDING FOR RESERVED MARGIN No. 1.

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state Very

	PERSONAL AND STATISTICAL PARTICULARS	MEDI
3 5	exall Regro Single, Married Widowed, Write the word)	16 DATE OF DEATH
8 D	ATE OF BIRTH June 10, 1866 (Month) (Day (Year)	that I last aaw h. L.
7 A	(=0.1-)	and that death occur
(a pa (b)	CCUPATION) Trada, profession, or ricular kind of work) General nature of industry,	Garlmon
(a pa (b) bus wh	CCUPATION) Trada, profession, or ricular kind of work) General nature of Industry, siness, or establishment in ich employed (or employer) PRTHPLACE (State or country) PRTHPLACE (State or country)	Contributory Secondary
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(a pa (b) bus wh	CCUPATION) Trada, profession, or rilcular kind of work) General nature of industry, siness, or establishment in ich employed (or employer) RTHPLACE (State or country) 10 NAME OF FATHER DON'LL Harris 11 BIRTHPLACE	Contributory Secondary (Signed)

Defruto REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto-, Requesting V. S. No. 1.

PLACE OF DEATH

County Mintannery

STATE OF MARYLAND CERTIFICATE OF DEATH

in Dist. No. 2/2/2

Ward)

[if death occurred la a hospital or institution, give its NAME Instead of street and number.]

ATE OF DEATH (Day (Year) That I attended deceased from stated above, at 2: ATH, or, in deaths from VIOLENT URY; and (2) whether ACCIDEN-SPITALS, INSTITUTIONS, TRANSIENTA, In the State DATE OF BURIAL

ADDRESS

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of ill-Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestie service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At homc. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, cte. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits ean be known. The question been changed or given up on account of the disease Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," The (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Ccrebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) [Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." scpsis, tetanus) may be stated under the head of injury, as fracture of skull, and eonsequences (e. g., Accidental drowning; Struck by railway train-accisuch, if Impossible to determine definitely. Examples: LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichacetc., when a definite disease ean be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), thenia," "Anaemia" (mercly symptomatic), "Atrophy," mere symptoms or terminal eonditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canby carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably "Collapse," "Coma," "Convulsions," "Debility" ("Con-The contributory Always qualify all diseases resulting from Measics (disease eausing death), 29 ds.; (Recommendations on statement of (secondary or intercurrent) "Dropsy," "Exhaustion," State cause for



WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSIGIANS should state GAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1.

Village or City...

1 PLACE OF DEATH



STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 2-2

St.; Ward)

[If death occurred in a hospital or institution, give its NAME instead of street and nomber.]

	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
_	ATE OF BIRTH MIONED, ORDIVORCED (Write the word) ATE OF BIRTH	16 DATE OF DEATH (Month) (Day (Year) 17 I hereby Certify, That I attended deceased from 14, 191.4, to 23, 191.5. that I last saw h. S. alive on 23, 191.5.
7 A	(Month) (Day (Year) GE If LESS than 1 day,hrs. ORmin. ?	and that death occurred on the date stated above, at 4-20 Pm The CAUSE OF DEATH* was as follows:
(b) bus whi) Trade, profession, or rificular kind of work.) General nature of industry, siness, or establishmenf in lich employed (or employer) IRTHPLACE (State or country) monly orms. Co don!	Contributory Secondary Deveral Ray
NTS	10 NAME OF FATHER & Walling 11 BIRTHPLACE OF FATHER (State or country) montgormy Co Dang	(Signed) 2 (Address) Lay Lond 100 mos. ds
PARENT	13 BIRTHPLACE OF MOTHER State or country workgorny Comments Market Marke	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) Whether Accidental, Suicidal, or Homicidal. 18 Length of Residence (for Hospitals, Institutions, Transients or Recent Residents) Af place In the of death yrs, mos. ds. State yrs, mos. ds.
	(Informant) 2000 U 14 Accholson (Address) 4 21 4 4 5 6 6 6 7 6 7 6 7 6 7 6 7 6 7 6 7 6 7 6	Where was disease contracted, if not at place of death? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL 23 WHAPP CHARLERY MALE OF BURIAL
		CEdar Trova

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease it should be used only when needed. As examples: Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the (a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) 'Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculests of lungs, meninges, peritonaeum, etc., Carcin-

such, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaecause. Always qualify all diseases resulting from ctc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis. nant ncoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Cancause of death approved by Committee on Nomencla-"Contributory." (Recommendations on statement of scpsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. For viomere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ture of the American Medical Association.) by carbolic acid-probably suicide. The nature of the The contributory (secondary or intercurrent)



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ery	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is yery	Important. See instructions on back of certificate.

15

1 PLACE OF DEATH

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 2,22

St.; Ward)

[if death occurred in a hospital or Institution, give its NAME Instead of street and number.]

	FULL NAME	
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
35	Enals 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, ORDINGRED (Write the word)	16 DATE OF DEATH (Month) (Day (Year) 17 I HEREBY CERTIFY. That I attended deceased from
6 D	Month) (Day (Year)	march 3, 1915, to march 9, 1915 that I last saw here alive on march 9, 1915
7 A		and that death occurred on the date stated above, at 11:30 P. m The CAUSE OF DEATH* was as follows:
(a pa (b)	occupation a) Trade, profession, or Accounte articular kind of work	Softenga
	siness, or establishment in hich employed (or employer)	(Duration) yrs. mos. 7 ds
98	(State or country) Mary Land	Contributory Brancha-Pneumonia Secondary (Ouration) yrs mos 2 ds
	10 NAME OF GEORGE. Mullican	(Signed) Howard H. Howlett, M. D.
ENTS	11 BIRTHPLACE OF FATHER (State or country) Maryland	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injunx; and (2) whether Acciden-
PAR	13 BIRTHPLACE OF MOTHER (State or country) 12 MAIDEN NAME Cycleth Kemp 13 BIRTHPLACE OF MOTHER (State or country)	TAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place in the of death yrs mos ds. State yrs mas ds.

REGISTRAR

Former er usual residence.

20 UNDERTAKER

Where was disease contracted, If not at place of death?-

> DATE OF BURIAL man

ADDRESS

BURIAL OR REMOVAL

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as minc, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, ness of various pursuits can be known. The question material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. essary to know (a) the kind of work and also (b) first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. tion is very important, so that the relative healthful-(a) Spinner, (b) Cotton mill; (a) Salesman, Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman," The (6)

Statement of cause of death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

injury, as fracture of skull, and consequences (e. g., mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," cer" is less definite; avoid use of "Tumor" for maligcause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of by carbolic acid-probably suicide. The nature of the such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably which surgical operation was undertaken. merc symptoms or terminal conditions, such as "Asnant neoplasms); Measles; Whooping cough; Chronic ture of the American Medical Association.) dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-LENT DEATHS state MEANS OF INJURY and qualify as "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conaffection need not be stated unless important. valvular heart discase; Chronic interstitial nephritis, oma, Sarcoma, etc., of...... (name origin; "Can-Bronchopneumonia (secondary), 10 ds. Never report The contributory Always qualify all diseases resulting from Measles (discase causing death), #29 ds.; "Scnilc," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of (secondary or intercurrent) For VIO-



-Every Item of Information should be esrefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

N.B.

1 PLACE OF DEATH

County Montgomery

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 22/

St .:----.Ward)

[If death occurred in a hospital or institution. give its NAME instead of street and number.]

	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 st	Emale Colored Cored Single, MARRIED, WIDOWED, WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH Mar. 44, 1915 (Month) (Day (Year)
6 D/	Mar. 65., 1898. (Month) (Day (Year)	that I last saw h & alive on February 15 13, 1915.
TAC		and that death occurred on the date stated above, at# m, The CAUSE OF DEATH* was as follows:
(a)	CCUPATION 1 Trade, profession, or None ticular kind of work.	Julmonary Suberculous
bus	General nature of Industry, Iness, or establishment in ch employed (or amployer)	(Duration) yrs. 4 mos. 5 ds.
9 81	RTHPLACE (State or country) Montgomery Co., Md.	Contributory Secondary (Duration) yrs mos ds.
ARENTS	10 NAME OF FATHER JOW. Jeggerson Ly les 11 BIRTHPLACE OF FATHER (State or country) Montgomery les. Ma 12 MAIDEN NAME	(Signed) & albert Rice , M. D. Mar. 4 1915 (Address) Mr. airy md.
PA	13 BIRTHPLACE OF MOTHER (State or country) Frederick leo. Md.	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS) At place In the of death yrs, mos, ds
14 T	(Informant) Elsie May Johnson	Where was disease contracted, if not at place of death?————————————————————————————————————
15	(Address) Clarkes burg, Jt. Va.	Priendship bern, mar 6 , 1915
File	REGISTRAR	B W Bouman mt Grey mel
	II more blanks are needed, address State Regis	trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

3966

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write Nonc. eated thus: CAUSING DEATH, state oecupation at beginning of illbeen changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. of persons engaged in domestie service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," ete., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fremun, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, (b) Cotton mill; (a) Salesman, (b) Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi Women at home, who are engaged in the Never return Farmer (retired 6 yrs.) For persons "Laborer," If the occupation has As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causing death and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic eero-brospinal meningitis"); Diphtheria (avoid use of "Cronp";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia pneumonia," unquallfied, is indefinite): Tubercutsis of lungs, meninges, peritonacum, etc., Carcin-

mus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asvalvular heart disease; Chronic interstitial nephritis, nant neoplasm's); Meastes; Whooping cough; Chronic oma, Sarcoma, etc., of..... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomenela-"Contributory." injury, as fracture of skull, and eonsequences (e. g., dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, LENT DEATHS State MEANS OF INJURY and quality as which surgical operation was undertaken. childbirth or miscarriage as "Puerperal septichaeete., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanitlon," "Marasgenital," "Collápse," "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. by carbolic acid-probably suicide. The nature of the is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) "Puerperal peritonitis," tctanus) may be stated under the head of Always qualify all diseases resulting from Mcustes (disease causing death), 29 ds.; "Senile," etc.), (Recommendations on statement of "Dropsy," "Exhaustion," ete. State eause for or as probably For VIO-



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SICI		W I a mos	A Castan give its NAME instead of street and number.]
of G		FULL NAME Cashaet They	Fearer .
ent .		PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH & 9
XACTLY. statemen	3 5	4 COLOR OR RACE 6 SINGLE, MARRIED, Sugle	16 DATE OF DEATH 3 2 191.5:
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Exact	8 p/	ATE OF BIRTH	Mach 18 1916 to Mel e 0 1915.
-		12 16 1893.	21 46
classified		(Month) (Day (Year)	that I last saw has alive on Mast 19 ,1915
ould	7 AC	f day hun	and that death occurred on the date stated above, at
		19 yrs 5 mos 1 dd ds OR min.?	The CAUSE OF DEATH* was as follows:
AGE si properly		CCUPATION	Loban Encumoned
		Trade, profession, or Thoular kind of work	
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areful that certif	-	10 NAME OF BOARD	(Doration) yrs mos ds.
80 ca		FATHER Selbert McAllester	(Signed) J. J. J. M. D.
Š	ENTS	11 BIRTHPLACE OF FATHER	, 191 (Address) Selva Spryng
0 0 -	M N	(State or country)	*State the DISEASE CAUSING DEATH, or, in deaths from VIOVENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, SUICIDAL, or HOMICIDAL.
	PARI	12 MAIDEN NAME OF MOTHER	
nformation ITH in plain instructions		13 BIRTHPLACE	18 LENGTH OF RESIDENCE (FOR HOSPITALE, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place
'H i		OF MOTHER (State or country)	At place In the ot death yrs mos ds. State yrs mos ds
_ ш о	14 T	THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death?
- 1,		(Interment) Rachael Mc Allester	Former or
Item E OF		Silver Mara	USUAL residence
Every Item CAUSE OF Important.	16	(Address) — According to the second s	Good Stoke 3/21/1916
M S E		ed 3/2 0 1915 2h J Brown	20 UNDERTAKER ADDRESS
m ·	FIL	REGISTRAR	Lew Snowden Bould ma
-		If more blanks are needed, address State Regis	strar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cases, especially in industrial employments, it is necof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers minc, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Mauager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner; (b) Cotton mill; (a) Salesman, it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons write None. "Foreman," The

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meulogitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercutesis of lungs, meninges, peritonaeum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic mia," "Puerperal peritonitie," etc. State cause for childbirth or miscarriage as "Puerperal septichaemus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. cer" is less defiuite; avoid use of "Tumor" for maligoma, Sareoma, etc., of..... cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as cause. etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgeuital," "Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. ture of the Americau Medical Association.) Accidental drowning; Struck by railway train-acciwhich surgical operation was undertaken. by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Senile," etc.), (Recommendations on statement of "Dropsy," "Exhaustiou," (name origin; "Can-Never report For vio-01



UNFADING INK-THIS IS A

PLAINLY, WITH

RECORD

PERMANENT

of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very See instructions on back of certificate.

-Every Item c CAUSE OF I

N. B.

1 PLACE OF DEATH

County Mantgamery

Village or City Sucas Rockalle (No.



Leitha Meazell

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 2/5

..St.;....Ward)

[It death occurred in a hospital or institution, give its HAME instead of street and number.]

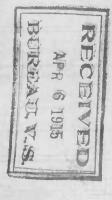
MEDICAL CERTIFICATE OF DEATH
16 DATE OF DEATH (Month) (Day (Year)
17 HEREBY CERTIFY, That I attended deceased from
Merch 1, 1915, to March 6, 1915,
that I last saw her allye on March 6 1915
6 D
and that death occurred on the date stated above, atm,
The CAUSE OF DEATH* was as follows:
I manition from withelised
of Landencem
(Duratica)
(Duration) yrs. mos. 10 ds.
Secondary & ARISINA TI CAUT
(Duration) Z. yrs. mos. ds.
(Signed) Dalward Maderath, M. O.
3-6-, 1915 (Address) Oxochrille Md.
*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
At place of death yrs. mos. 20 ds. State 7.3 yrs. mos. ds
of death yrs. mos. 20 ds. State 7.3 yrs. mos. ds Where was disease contracted.
if not at place of death? O Clesselle, Md
Former or
usual residence I daniem our and a
19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
New Rockville Ud Man 7, 191.5
20 UNDERTAKER ADDRESS
W. R. Plantolores Perha- Release
rar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necfirst line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulcated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: Civil engineer, Stationary freman, etc. But In many Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the who have no occupation whatever, write None. been changed or given up on account of the disease of persons engaged in domestic service for wages, as should be taken to report specifically the occupations who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Never return "Laborer," (b) Cotton mill; (a) Salesman, "Foreman," (4)

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causing always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercu-lesis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Mcastes (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart discase; Chronic interstitial nephritis, oma, Sarcoma, etc., of..... (name origin; "Cansuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "Puerperal peritonitis," etc. State cause for childbirth or inlscarriage as "Puerperal septichaccause. Always qualify all diseases resulting from ctc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Hacmorrhage," "Inanition," "Maras genital," "Senile," etc.), "Dropsy," "Exhaustion," scpsis, tctanus) may be stated under the head of dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acciture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) (Recommendations on statement of



	STATE OF	MARY	YLAND
CI	RTIFICATE	OF	DEATH
	Registration	Dist.	No 222

It death occurred in a hospital or institution,

give its NAME Instead ot street and nomber.] MEDICAL CERTIFICATE OF DEATH DATE OF DEATH (Month) (Day (Year) was as follows: Contributory *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-TAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) in the of death yrs. mos. ds. State _____ yrs. ___ mos. ___ ds Where wes disease contracted. It not at place of death? 20 UNDERTAKER ADDRESS

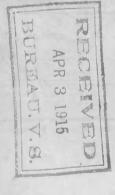
If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1

[Approved by U. S. Census and American Public Health Association.]

cases, especially in industrial employments, it is necapplies to each and every person, irrespective of age. of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not mine, etc. fication as Day laborer, Farm laborer, Laborerit should be used only when needed. Statement of occupation-Precisc statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and cansation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercucsis of lungs, meninges, peritonaeum, etc., Carcin-

valvular heart disease; Chronic interstitiul nephritis, aant neoplasms); Meastes; Whooping cough; Chronic oma, Sarcoma, etc., of..... (name orlgin; "Canaffection need not be stated unless such, if impossible to determine definitely. Examples: mia," "PUERPERAL peritonitis," etc. State canse for childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus." "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. ample: cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. Accidental drowning; Struck by railway train—acci-ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS State MEANS OF INJURY and qualify as which snrglcal operation was undertaken. For vio "Collapse," "Coma," "Convulsions," "Debility" ("Conthre of the American Medical Association.) dent; Revolver wound of head-homicide; Poisoned is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) tetanus) may be stated under the head of Always qualify all diseases resulting from Measles (Recommendations on statement of (disease causing death), 29 ds.; "Dropsy," The nature of the important. "Exhanstion," Never report



PHYSICIANS should of OCCUPATION IS RECORD PERMANENT instructions DEAT WRITE OF mportant. CAUSI

STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH Registered No. 2/6 (If death occurred in a hospital or institution. give its NAME instead of street and oumber. 1 MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 3 SEX 4 COLOR OR BACE MARRIED. WIDOWED. ORDIVORCED I HEREBY CERTIFY. That I attended deceased from 6 DATE OF BIRTH 1915 to March that I last saw haus alive on March (Day) (Year) and that death occurred on the date stated above, at 3.30 h, m. If LESS than TAGE 1 dsy,....hrs. The CAUSE OF DEATH* was as follows: BOCCUPATION (s) Trade, prefession, or particular kind of work. (b) General nature of Industry. (Duration) yrs. mos. 2 ds. business, or sstablishmeet in which smployed (or employer) BIRTHPLACE (Secondary) (State or country) 10 NAME OF 11 BIRTHPLACE PARENT OF FATHER *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-TAL, SUICIDAL, OF HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER (State or country) of desth yrs. mos. ds. State yrs, mos, ds. Where was disease contracted. If not at place of death?----Former or usual residence. DATE OF BURIAL 20 UNDENTAKE If more blanks are needed, address State Begis'tray, & E. Franklin St., Ballo., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health
Association.]

cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as duties of the household only (not paid Housekeepers statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write Nonc been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication. as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise speci-(a) Spinner, (b) Cotton mill; (a) Salesman, It should be used only when needed. essary to know (a) the kind of work and also (b) Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indl-Women at home, who are engaged in the Never return "Laborer," "Foreman," As examples

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Ccrcbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

childbirth or miscarriage, as "Puerperal septichaecause. Always qualify all diseases resulting from ctc., when a definite disease can be ascertained as the ample: Measles (disease causing death), 29 ds.; valvular heart disease; Chronic interstitial nephritis nant neoplasms) ; Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligture of the American Medical Association.) cause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head injury, as fracture of skuil, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. oma. Sarcoma. etc., of ... "Contributory." The contributory (secondary or intercurrent) (Recommendations on statement of (name origin; "Can-State cause for For VIO-



	20174
1 PLACE OF DEATH	STATE OF MARYLAND
County Mandaonen 16	CERTIFICATE OF DEATH
	Registration Dist, No. 223
William Colon Colo	Fit death occurred in
Village or City William (No	St.; Ward) a hospital or Institution, give its NAME instead
*FULL NAME Donald 75	of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RAGE 5 SINGLE,	16 DATE OF DEATH 7
male white (Write the word)	(Month) (Day (Year)
	I HEREBY CERTIFY, That I attended deceased from
6 DATE OF BIRTH ASSESSED 12 .815	01 El 1912, to Man 3, 1912,
(Month) (Day (Year)	that I last saw h Maily on March 3, 1915
⁷ AGE It LESS than	and that death occurred on the date stated above, at 12,30 Q m.
yrs mos / ds OR min.?	The CAUSE OF DEATH * was as follows:
BOCCUPATION	***************************************
(a) Trade, protession, or particular kind of work.	
(b) General nature of industry, business, or establishment in	a tolocto
which employed (or employer)	(Ouration) yrs mos ds.
9 BIRTHPLACE (State or country.)	Gontributory
10 NAME OF	(Ouration) yrs mes ds.
FATHER Colward Matalia	(Signed) Clared Thanks, M. O.
of 11 BIRTHPLACE OF FATHER	Mar 4, 191 5 (Address) Jakon Back 108
(State or country)	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
12 MAIDEN NAME OF MOTHER	
13 BIRTHPLACE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
(State or country) Oanada	At place of death yrs mos ds. State yrs mos ds
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death?
(Interment) Cedrard Wetchell	Former or
(Address) Takoma Lark. D. C	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address)	Washington D.C. mar 5 1015
Filed March \$ 1915. H. E. Rogers	20 UNDERTAKER ADDRESS
FIGISTRAR	I thuthereight to 3 1337 10 day
If more blanks are needed, address State Regist	rar, 6 E. Franklin St., Balto, Requesting V S No 1

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations who reecive a definite salary), may be entered as dutics of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coul additional line is provided for the latter statement; who have no occupation whatever, write None. been changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and ehildren, not mine, etc. "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b)cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many ocenpations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and cansation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemie cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lodar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubereutsis of lungs, meninges, peritonaeum, etc., Carcin-

genital," mia," "Puerperal peritonitis," etc. State valvular heart disease; Chronic interstitial nephritis, cer" is less definite; avoid use of "Tumor" for maligeanse of death approved by Committee on Nomenclascpsis, tctanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably childbirth or miscarriage as "Puerperal septichaemns," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Hacmorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anacmia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Canthree of the American Medical Association.) by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acci-LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For vioete., when a definite disease can be ascertained as the Bronchopneumonia (secondary), 10 ds. "Contributory." dent; Revolver wound of head-homicide; Poisoned The contributory Always qualify all discases resulting from Meastes (discase causing death), 29 ds.; "Senile," etc.), (Recommendations on statement of (secondary or intercurrent) "Dropsy," "Exhaustion," Never report eause for



N. B.—Every Item of information should be carefully supplied. ACE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

3972 1 PLACE OF DEATH

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 220

St.;---Ward)

[If death occurred la a hospital or Institution, give its NAME Instead

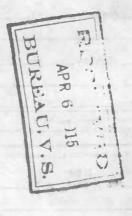
FULL NAME FRANKS MA	of street and nomber.
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male White Single, MARRIED, WIDOWED, OR DIVORCES (Write the word)	16 DATE OF DEATH (Month) (Day (Year) 1764 I hereby Certify, That I attended deceased from
TAGE Dec 6 (Month) (Day (Year)	that I last saw him alive on Man 7 1915, and that death occurred on the date stated above, at #30 Fm.
BOCCUPATION (a) Trade, profession, or particular kind of work Boccupation (a) Trade, profession, or particular kind of work	The CAUSE OF DEATH* was as follows: Submonary & Farying Eal Subseculosio
(b) General nature of industry, business, or establishment in which employed (or employer) Pairthplace (State or country) Massiland	Contributory Secondary
10 NAME OF FATHER M. F. Mobbey 11 BIRTHPLACE OF FATHER (State or country) Manyland, 12 MAIDEN NAME OF MOTHER	(Signed) J. H. While M. D. Mar , 4 ,1915 (Address) Banusville , M. D. *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
of MOTHER 13 BIRTHPLACE OF MOTHER (State of country) 14 THE ABOVE IS TRUE TO THE BEST OF MY MNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs, mos, ds. State yrs, mos, ds. Where was disease contracted, If not at place of death?
(Informant) M. T., Mobiley, (Address) Deckerrow M.C. Filed Man. 14, 1915 J. M. White	Former or usual residence 19 PLACE OF BURIAL OR REMOVAL Delloword full, full 191(1) 20 UNDERTAKER ADDRESS WAR TO Dellow All All All All All All All All All Al
If more blanks are needed, address State Regist	trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specification as Day laborer, Farm laborer, Laborer-Coat cated thus: CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has statement. additional line is provided for the latter statement; who have no occupation whatever, write Nonc. been changed or given up on account of the disease of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupatious a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, If retired from business, that fact may be indi-Never return "Laborer," Farmer (retired 6 yrs.) For persons But in many "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) "Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercucisis of lungs, meninges, peritonaeum, etc., Carcin-

scpsis, tctanus) may be stated under the head injury, as fracture of skull, and cousequences (c. g., mia," "Tuenferal peritonitis," etc. State cause for childbirth or misearriage as "Puerperal septichaemns," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Juanition," "Marasthenia," "Auaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for mallgoma, Sarcoma, etc., of..... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For vioetc., when a definite disease can be ascertained as the "Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. The contributory (secondary or intercurrent) Always qualify all diseases resulting from Mcastcs (disease causing death), 29 ds.; "Senile," etc.), (Recommendations on statement of "Dropsy," "Exhaustion," Never report



BINDING

FOR

×	PLAGE OF DEATH	STATE OF MARYLAND
Cour	nty Macd ville Morelgoning W	CERTIFICATE OF DEATH Registration Dist. No. 2/3
Villa	2 FULL NAME Many Ogle A	St.; Ward) [If death occurred a hospital or institution give its NAME instead of street and number
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
J. L.	4 COLOR OR RACE SINGLE, MARRIED, WILDER WIDDWED OR DIVORCED (Write the word)	16 OATE OF OEATH M.Ch. 31, 19 (Month) (Day) (Ye) 17 / I HEREBY CERTIFY, That attended deceased f
6 DA	TE OF BIRTH July (Morth) (Day) (Year)	that I last saw her alive on Much. 35 , 19
7 AG	If LESS than 1 day, hrs. OR min.?	The CAUSE OF DEATH * was as follows:
par (b bus wh	1) Trade, profession, or ricular kind of work 1) General nature of industry siness, or establishment in hich employed (or employer) IRTHPLACE (State or country)	(Ouration) yrs. Z mos. Contributory Secondary
s S	10 NAME OF Jus J Bevans	(Signed) . M. Sin there was
PARENT	11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER WASHING TO THE THE OF MOTHER THE OF MOTHER THE OF TH	*State the DISEASE CAUSINO DEATH, or, in deaths from VIOLES CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTA SUICIDAL OF HOMICIDAL. 16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSFER
14 TI	13 BIRTHPLACE OF MOTHER (State or country) HE ABOVE ISTRUE TO THE BEST OF MY KNOWLEGGE	OR RECENT RESIDENTS) At place of deathyrsmosstate,yrsmos Where wes disease contracted, If not at place of death?
	(Informant) O. W. Monday	Former or usual residence 19 PLACE OF BURIAL OR REMOVAL Residence 4-2
	(Address)	

[Approved by U. S. Census and American Public Health Association.]

state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, Housemoid, etc. If the occupation has been changed employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers business, that fact may be indicated thus: Farmer (relired engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons precise specification as Day laborer, Farm laborer, Loborer "Foreman," "Manager," "Dealer," of the second statement. Never return "Laborer," mobile factory. mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Autoonly when needed. As examples: (a) Spinner, (b) Cotton is provided for the latter statement; it should be used engineer, Stationary firemon, etc. But in many cases, business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to first line will be sufficient, e. g., Farmer or Planter, Physiapplies to each and every person, irrespective of age. -Coal mine, etc. Statement of Occupation-Precise statement of occupamany occupations a single word or term on the Campositor, Architect, Locomotive engineer, For persons who have no occupation whatever, very important, so that the relative healthfulvarious pursuits can be known. The question The material worked on may form part Women at home, who are engaged in " etc., without more If retired from

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopmeumonia ("Pneumonia, menin-unqualified, is indefinite); Tuberculosis of lungs, menin-

genital," and eonsequences (e. g., sepsis, lelonus) may be stated suicide. The nature of the injury, as fracture of skull SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental dreuming; on Nomenclature of the American Medical Association.) on statement of eause of death approved by Committee under the head of "Contributory." (Recommendations hcod-homicide; Poisoned by Struck by railwoy train-accident; Revolver wound of state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent beaths "PUERPERAL perilonitis," etc. birth or miscarriage as cause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uracmia," "Weakness, genital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Heemorrhage," "Inanition," "Maras-"Anaemia" (merely symptomatic), "Atrophy," "Conlapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia, chopneumonia (secondary), 10 ds. Never report mere Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. nephrilis, etc. cough; Chronic valuntar heart disease; Chronic intersistial (name origin; "Cancer" is less definite; avoid use of ges, perilonaeum, etc., Carcinoma, Sorcoma, etc., of.,.... "Tumor" for malignant neoplasms); Measles: Wheoping "Coma," "Convn" "Senile," etc.), The contributory (secondary or intercur-"PUERPERAL seplicharmia," carbolic ocid-probably State cause for which

If this certificate is looked over thoroughly and sail questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

MAY 6 1915
BUREAU, V.S.

WRITE PLAINLY, WILL UNTALING INTO THE STATE EXACTLY. PHYSICIANS of information should be carefully supplied. AGE should be stated Exact statement of WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

BINDING

1 PLACE OF DEATH

Coun		
Outi	ity Monly	CERTIFICATE OF DEATH
		Registration Dist. No. 2/2
Villa	ge or City for Comment of the Commen	St.; Ward) [If death occ a hospital or in give its NAME of street and n
ata 1	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SE	x 4 COLOR OR BACE SINGLE, MARRIED, WIDOWED OR DIVORCED OR DIVORCED (Write the word)	16 DATE OF DEATH MAL (Month) (Day)
6-DA	TE OF BIRTH 26 1915	Re Physics in allerd
7 AG	(Month) (Day) (Year)	
	yrs. mos. ds. or min.?	The CAUSE OF DEATH * was as follows:
(a par	CCUPATION) Trade, profession, or ficular kind of work) General nature of industry	M. Don't W. II
6.00	- Indiana de la company	
Whi	siness, or establishment in ich employer)	
Whi	ich employed (or employer) RTHPLACE (State or country)	Contributory
9 B1	ich employed (or employer)	Contributory Secondary (Signed) (Signed) (Signed)
a BI	10 NAME OF FATHER 11 BIRTHPLACE OF FATHER 12 Manual Man	Contributory Secondary (Signed) While Max 29, 1915 (Address) Probable
RNTS 8 BI	INTHPLACE (State or country) 10 NAME OF FATHER Was Heartly Moore, 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME	Contributory Secondary (Signed) (Signed) State the Disease Causino Drath, or, in deaths from Vic Causes, state (1) Mrans of Injury; and (2) whether Accide Suicidal or Homicidal.
a BI	INTHPLACE (State or country) 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER OF MOTHER	Contributory Secondary (Signed) State the DISEASE CAUSINO DEATH, or, in deaths from Vic Causes, state (1) Means of Injury; and (2) whether Accide Suicidal or Hemicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Tracor Recent Residents) At place In the
PARENTS 18 6	ich employed (or employer) RTHPLACE (State or country) 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE	Contributory Secondary (Signed) *State the Disease Causino Drath, or, in deaths from Vic Causes, state (1) Means of Injury; and (2) whether Accide Suicidal of Hemicidal. 18 Length of Residence (For Hospitals, Institutions, Tracor Recent Residents)
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PARENTS	INTHPLACE (State or country) 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country) HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Contributory Secondary (Signed) *State the Disease Causino Drath, or, in deaths from Vicauses, state (1) Means of Injury; and (2) whether Accide Suicidal or Hemicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Tracor Recent Residents) At place In the Ot death yre. mos. ds. State, yrs. mos. Where was disease contracted, it not al place of death? Former or

[Approved by U. S. Census and American Public Health Association.]

write None. business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the disease causing death, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servont, Cook, employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers "Foreman," "Manager," "Dealer," etc., without more precise specification as Day laborer, Farm laborer, Laborer taken to report specifically the occupations of persons of the second statement. mobile factory. mill; (a) Salesman, (b) Grocery; (a) Foreman, is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton especially in industrial employments, it is necessary to cian, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, first line will be sufficient, e. g., Farmer or Planter, Physiapplies to each and every person, irrespective of age. ness of various pursuits can be known. The question business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the For many occupations a single word or term on the tion is very important, so that the relative healthful--Coal mine, cte. Statement of Occupation-Precise statement of occupa-For persons who have no occupation whatever, The material worked on may form part Women at home, who are engaged in Never return "Laborer," If retired from (b) Auto-

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unqualified, is indefinite); Tuberculosis of lungs, moran

BULGAU, V.S

APR 6

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ence. All the data is essential and must be obtained before the certificate is permanently filed. tions answered in detail, it will prevent further correspond-If this certificate is looked over thoroughly and all quesFOR

3 SEX

TAGE

S

PARENT

15

6 DATE OF BIRTH

B DCCUPATION
(a) Trade, profession, or particular kind of work...

9 BIRTHPLACE (State or country)

10 NAME OF FATHER

(b) General nature of industry business, or establishment in

which employed (or employer)

11 BIRTHPLACE OF FATHER (State or country)

12 MAIDEN NAME

13 BIRTHPLACE OF MOTHER (State or country)

(Address)

1 PLACE OF DEATH

PERSONAL AND STATISTICAL PARTIC

(Month)

4 COLOR-OR RACE

SINGLE, MARRIED, WIDDWED

OR DIVORCED

(Day)

0

ż

si.

- NAT-	3975	STATE OF	MADV	TAND	6
		CERTIFICAT			
		Registra	tion Dist. I	No. 221	******
rginia	Moxley	St.;War	rd)	[If death o a hospital or give its NAM of street and	institution, E Instead
LARS	MED	CAL CERTIFIC	ATE OF	DEATH	
rarried	16 DATE OF DEATH	Ma	rel	10 (Day)	, 1915 (Year)
6.5		CERTIFY, The			
1850 (Year) If LESS than 1 day, hrs.	that I last saw h	curred on the c	date state	d above, at	
OR mln.?	Brond	10			
	***************************************	(Dı	uralion)	_yrs mo	. 7 ds
	Contributory		.00 000-00000	****************	
vn	(Signed) Les	m /30	gez-		, M. 0
	*State the Dr Causes, state (1) Suicidal or Homic	SEASE CAUSING DE MEANS OF INJURY TOAL	ATH, or, in or, and (2)	deaths from V	IOLENT ENTAL,
Okus EDGE	OR RECENT RESIDE At place ol deathyrs. Where was disease contract	mosds.	In the Stete,	yrsm	
	If not at place of death? Former or usual residence				
ml.	noulgonery 6	0 000		TE OF BUR	
	20 1/10-0704-0	/	1 45	2255	3

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

REGISTRAR

[Approved by U. S. Census and American Public Health Association.]

or given up on account of the DISEASE CAUSING DEATH, write None. business, that fact may be indicated thus: Farmer (relired state occupation at beginning of illness. Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more mobile factory. mill; (a) Salesman, (b) Grocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to cian, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, first line will be sufficient, c. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative healthful--Coal mine, etc. Statement of Occupation-Precise statement of occupavarious pursuits can be known. The question For persons who have no occupation whatever, The material worked on may form part Women at home, who are engaged in If retired from (b) Auto-

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genital," on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uracnia," "Weakness," and consequences (c. g., sepsis, tetanus) may be stated head-homicide; Poisoned by carbolic on Nomenclature of the American Medical Association.) Struck by railway train-accident; Revolver wound of to determine definitely. Examples: Accidental drowning; SUICIDAL, or HOMICIDAL, or as probably such, if impossible state means of injury and qualify as accidental, surgical operation was undertaken. For violent deaths "PUERPERAL perilonitis," etc. State cause for which birth or misearriage as "Puerperal septichaemia," lapse," "Coma," "Convulsions," symptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. Never report mere rent) affection need not be stated unless important. nephritis, etc. cough; Chronic valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping ges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of . . . cause. "Anaemia" (merely symptomatic), "Atrophy," Example: Measles (disease causing death), 29 ds.; Bron-(name origin; "Cancer" is less definite; avoid use of when a definite disease can be ascertained as the Always qualify all diseases resulting from ehild-The nature of the injury, as fracture of skull, "Senile," etc.), The contributory (secondary or intercur-"Dropsy," "Debility" acid-probably "Exhaustion," ("Con-

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RECEIVED
APR 6 1915
BUREAU, V.S.

V. S. No. 1.

N. B.—Every Item of Information should be carefully supplied, ACE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

	3976
PLACE OF DEATH	STATE OF MARYLAND
a wordowe	CERTIFICATE OF DEATH
County 9	Registration Dist. No. 216
Village or City Wilherda (No.	St.; Ward) [If death occurred in a hospital or institution, give its NAME instead
2FULL NAME JOSEPH /	Of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED. MARRIED. MOUNTE	16 DATE OF DEATH March 4, 1915.
ORDIVERCED (Write the word)	(Month) (Day (Year)
6 DATE OF BIRTH	July 28 1918 to March & 1914
(Month) (Day (Year)	that I last saw h wallve on March of 191 V
7 AGE If LESS than	and that death occurred on the date stated above, at \$30A
yrs mos & ds. OR min.?	The CAUSE OF DEATH* was as follows:
6 OCCUPATION (a) Trade, profession, or	deux nephrites
particular kind of work	
U (b) General nature of Industry, business, or establishment in which employed (or employer)	(Duration) yrs mos ds.
9 BIRTHPLACE (State or country)	Secondary Secondary Mys rue I plus
10 NAME OF Tel. Bhine in	(Doration) yrs mos ds.
1 may may	(Signed) Majorhand was Kaliners to
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER Phillips	*State the DISEASE CAUSING DEATH OF, in deaths from VIOLENT
of Mother Min Phillips	*State the DISEASE CAUSING DEATH OF, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY and (2) whether Accidental, Suicidal, or Homicidal. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
13 BIRTHPLACE OF MOTHER (State or country)	or Recent Residents) At place In the of death yrs, mos ds
14 THE ABOVE STRUE TO THE BEST OF THE NOWLEDGE	Where was disease contracted,
(Informant) Chillips	If not at place of death? Former or usual residence.
(Address). Delherka	19 PLACE OF BURIAL OR REMOVAL OATE OF BURIAL
16	Means Means Man, 19th
Filed ,191 REGISTRAR	20 UNIVERTIFIED ALLES NEL ADBRESS
If more blanks are needed, address State Regist	trar, 6 E. Franklin St., Balto., Logue As. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

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Statement of cause of death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia") unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonacum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic mia," "PUERPERAL pcritonitis," etc. ctc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Hacmorrhage," "Inanition," "Maras-"Collapse," "Coma," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. oma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." scpsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAU, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viochildbirth or miscarriage as Bronchopneumonia (secondary), 10 ds. is less defiuite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Meastes (disease causing death), 29 ds.; "Senile," (Recommendations on statement of ctc.), "Convulsions," "Debility" ("Con-"Dropsy," "PUERPERAL septichae-The nature of the State cause for "Exhaustion," Never report



gre its NAME instead of street and number of part of	PLACE OF DEATH County Montgomery Mean Clausettes Village or City Danson	ville	(8	39	State of MA CERTIFICATE (Registration D	OF DEATH ist. No. 2 2 /
3 SEX 4 COLOR OR RACE MARRIED MUNICIPAL WIDOWEGED WIDOWEGED (Write the word) 7 AGE 10 LESS than 1 day, hrs. OR min. 2 8 OCCUPATION (a) Irade, profession, or particular kind of work (b) General nature of industry business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER (State or country) 11 BIRTHPLACE OF FATHER (State or country) 12 Majorn NAME OF MOTHER (State or country) 13 BIRTHPLACE OF MOTHER (State or country) 14 BIRTHPLACE OF MOTHER (State or country) 15 LESS than 1 day, hrs. OR min. 2 16 DATE OF DEATH 16 DATE OF DEATH 17 LESS than 1 day, hrs. OR min. 2 16 DATE OF DEATH 17 LESS than 1 day, hrs. OR min. 2 18 COCCUPATION (a) Irade, profession, or particular kind of work (b) General nature of industry business, or establishment in which employed (or employer) 9 BIRTHPLACE OF FATHER (State or country) 10 NAME OF FATHER (State or country) 11 BIRTHPLACE OF MOTHER (State or country) 12 BIRTHPLACE OF MOTHER (State or country) 13 BIRTHPLACE OF MOTHER (State or country) 14 BIRTHPLACE OF MOTHER (State or country) 15 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIE OR RECENT RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIE of RECENT RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIE of RECENT RESIDENCE (State or country) 15 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIE of RECENT RESIDENCE (State or country) 16 DATE OF DEATH 17 LHEREBY CERTIFY, That I attended deceased from 18 LENGTH OF DEATH 19 LESS than 18 LENGTH OF DEATH 19 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIE of RECENT RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIE of RECENT RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIE of Recentrality 19 LESS THAN 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIE of Recentrality 19 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIE of Recentrality 19 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIE of Recentrality 19 LENGTH OF RESIDENCE (FOR HOSPITALS) 19 LENGTH OF RESIDENCE (2 FULL NAME 22	rs Ida Be	lle Po	ole-		a hospitat or Institution, give its NAME instead of street and number.]
MARRIED MANNED WIDOWED OR DIVORCED (White tho word) 6 DATE OF BIRTH Dec 3/ 1839 (Month) (Day) (Year) 7 AGE If LESS than 1 day, hrs. OR min.? 6 OCCUPATION (a) Ifade, profession, or particular kind of work (b) General nature of industry business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER Spiram Brown 11 BIRTHPLACE (State or country) 11 BIRTHPLACE (State or country) 12 MAIDEN NAME OF MOTHER (State or country) 13 BIRTHPLACE (State or country) 14 MAIDEN NAME OF MOTHER (State or country) 15 BIRTHPLACE (State or country) 16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIE OF MOTHER (State or country) 17 I HEREBY CERTIFY. That I attended deceased for Manne on Ministry (Month) (Day) (Year) 18 CONTRIBUTION (Country) 19 BIRTHPLACE (State or country) 10 NAME OF FATHER (State or country) 11 BIRTHPLACE (State or country) 12 MAIDEN NAME OF MOTHER (State or country) 13 BIRTHPLACE (State or country) 14 BIRTHPLACE (State or country) 15 BIRTHPLACE (State or country) 16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIE of Medicals (State or country) 17 I HEREBY CERTIFY. That I attended deceased for Month (Day) (Year) 18 CAUSES, State (1) Manne of Month (Day) 19 LIRTHPLACE (State or country) 10 NAME OF FATHER (State or country) 11 BIRTHPLACE (State or country) 12 MAIDEN NAME (State or country) 13 BIRTHPLACE (State or country) 14 BIRTHPLACE (State or country) 15 BIRTHPLACE (State or country) 16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIE of Medicals (State or country) 17 I HEREBY CERTIFY. That I attended deceased for Month (Day) 18 INTERPRETATION (Month) (Day) 19 LIRTHPLACE (Month) (Day) 10 NAME OF FATHER (Month) (Day) 10 NAME OF FATHER (Month) (Day) 11 BIRTHPLACE (Month) (Day) 12 MAIDEN NAME (DAY) 13 BIRTHPLACE (Month) (Day) 14 MAIDEN NAME (DAY) 15 MAIDEN NAME (DAY) 16 LENGTH OF THE MINISTER (DAY) 17 I HEREBY CERTIFY. That I attended deceased from Month (Day) 18 I HEREBY CERTIFY. That I attended tho	PERSONAL AND STA	TISTICAL PARTICUL	ARS	M	EDICAL CERTIFICATE	OF DEATH
(Month) (Day) (Year) Tage If LESS than 1 day, hrs. Itage with the control of the date stated above, at find the control of the control	Female While	WIDOWED MA	ried	17 I HERE	(Month)	(Day) (Year)
B OCCUPATION (a) Trade, profession, or parlicular kind of work (b) General nature of industry business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER (State or country) 11 BIRTHPLACE (State or country) 12 MAIDEN NAME OF MOTHER (State or country) 13 BIRTHPLACE OF MOTHER (State or country) 13 BIRTHPLACE (State or country) 14 BIRTHPLACE OF MOTHER (State or country) 15 BIRTHPLACE OF MOTHER (State or country) 16 BIRTHPLACE OF MOTHER (State or country) 17 MAIDEN NAME OF MOTHER (State or country) 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIE OR RECENT RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIE OR RECENT RESIDENCE OR RECENT RESIDENCE OR RECENT RESIDENCE OR RECENT RESIDENCE Where was disease countried.	2	(Month) (Day)	, 1859 (Year)		72.	
(b) General nature of industry business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER OF FATHER OF FATHER OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER (State or country) 13 BIRTHPLACE OF MOTHER (State or country) 14 BIRTHPLACE OF MOTHER OF MOTHER (State or country) 15 BIRTHPLACE OF MOTHER (State or country) 16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIE OR RECENT RESIDENTS) At place Of death yrs. mos. ds. State, yrs. mos. Where was disease contracted,	B OCCUPATION (a) Trade, profession, or	2 mos. 12 ds.	1 day,hrs.		DEATH was as follo	ws:
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER (State or country) 13 BIRTHPLACE OF MOTHER (State or country) 14 BIRTHPLACE OF MOTHER (State or country) 15 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIE OF MOTHER (State or country) 16 LENGTH OF RESIDENCE OF RECENT RESIDENTS) At place of death yrs. mos. ds. State, yrs. mos. Where was disease contracted,	(b) General nature of Industry business, or establishment in which employed (or employer)	nd:		Contributor Secondary	Julmonary	Tuberoulseig Zukinowa
of Mother Chirds Natherns 13 BIRTHPLACE OF MOTHER (State or country) 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIE OR RECENT RESIDENTS) At place of death yrs	FATHER OPLIN 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME 0	am Brown	m	march 12	m Boye, 1915 (Address) Dam	accus md.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Reembury Coole (Informant) Reembury Coole usual residence	OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE	La Watter Md. BEST OF MY KNOWLE My Ovole	DGE	18 LENGTH OF RI OR RECENT RES At place of deathyrs. Where was disesse co if not at place of de Former or	ESIDENCE (FOR MOSPITALS SIDENTS) In the	, INSTITUTIONS, TRANSIENTS,
(Address) 2011. airy 2011. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Mondyomery Chapel benefity Mar. 14, 191. 20 UNDERTAKER ADDRESS	15	airy mid	•	Mordzomery	Chapel benetery	mar. 14, 101.5

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

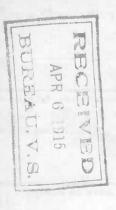
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[Approved by U. S. Consus and American Public Realth Association.]

state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, wife, Housework, or At Home, and children, not gainfully business, that fact may be indicated thus: Farmer (retired Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day loborer, Farm loborer, Laborer mobile factory. employed, as At school or At home. Care should be "Foreman," "Manager," "Dealer," etc., without more of the second statement. mill; (a) Salesman, (b) Grocery; (a) Foremon, only when needed. As examples: (a) Spinner, (b) Cotton is provided for the latter statement; it should be used engineer, Stationary fireman, etc. But in many cases, cian, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Former or Planter, Physibusiness or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to applies to each and every person, irrespective of age. For many occupations a single word or term on the tion is very important, so that the relative healthful--Coal mine, etc. Statement of Occupation-Precise statement of occupavarious pursuits can be known. The question For persons who have no occupation whatever, The material worked on may form part Women at home, who are engaged in Never return "Laborer," If retired from (b) Auto-

Statement of Cause of Death—Name, first, the disease causing death—Name, first, the disease to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemie cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobor pneumonia, Bronchopneumonia of lungs, meninunqualified, is indefinite); Tuberculosis of lungs, menin-

genital," on Nomenelature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and eonsequences (e. g., sepsis, tetonus) may be stated suicide. The nature of the injury, as fracture of skull, head-homicide; Poisoned by corbolic acid-probably "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," Struck by railway train-accident; Revolver wound of SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; state MEANS OF INJURY and qualify as surgical operation was undertaken. For violent beaths birth or miscarriage as "Puerperal septichaemia," "Puerperal peritonilis," etc. State cause for which cause. Always qualify all diseases resulting from childete., when a definite disease can be ascertained as the lapse," "Coma," "Anaemia" (merely symptomatic), symptoms or terminal conditions, such as "Asthenia, chopneumonia (seeondary), 10 ds. Never report mere Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. nephritis, etc. cough; Chronic valvulor heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping (name origin; "Caneer" is less definite; avoid use of ges, peritonaeum, etc., Carcinoma, Sorcoma, etc., of "Senile," etc.), "Dropsy," "Exhaustion," The contributory (secondary or intereur-"Convulsions," "Debility" "Atrophy," ACCIDENTAL,



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Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. RECORD PERMANENT 4 UNFADING INK-THIS IS PLAINLY, WITH WRITE

1 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 21

[if death occurred in a hospital or institution, give its NAME instead of street and number.]

PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Female White Single, Willowed ORDIVORCED (Write the word)	16 DATE OF DEATH March (Day (Year)
7 AGE July 23 , 1838 (Year) 7 AGE	17 I HEREBY CERTIFY, That I attended deceased from March 3 1915, to March 6 11, 1915, that I last saw han alive on March 5 1915, and that desth occurred on the date stated above, at 8:30 a.m., The CAUSE OF DEATH* was as follows:
a) Trade, profession, or particular kind of work. (b) General nature of Industry, business, or establishment in which employed (or employer)	(Duration) yrs mos 5 ds. Contributory Exchanges
10 NAME OF FATHER Ramson Crippen 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME	(Signed)
13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (intermant) 15 Concrete Bracky	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs mos ds. State yrs mos ds Where was disease contracted, if not at place of death? Former or usual residence.
(Address) Liber Thing, md. 16 Filed March 7, 1915 H. H. Herelett, M.D.	19 PLACE OF BURIAL OR REMOVAL Washington, D.Co. Mar. 8, 1915 20 UNDERTAKER John J. James 1407 9: Street

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

gainfully employed, as At school or At home. Care who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, (a) Spinner, (b) Cotton mill; (a) Salesman, Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," As examples: "Foreman," The (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichacnant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Cansuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. etc., when a definite disease can be ascertained as the mus," "Old Agc," "Shock," "Uraemia," "Wcakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," ctc.), thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. valvular heart disease; Chronic interstitial nephritis, ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) injury, as fracture of skull, and consequences (c. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-"Collapse," "Coma," "Convulsions," "Debility" ("Conaffection need not be stated unless important. is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Meastes (disease causing death), 29 ds.; (Recommendations on statement of may be stated under the head of "Dropsy," "Exhaustion," Never report



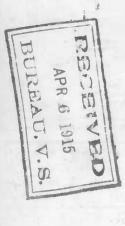
1 [PLACE OF DEATH	39	STATE OF MAI	RYLAND
County	Montgousery	049)	CERTIFICATE O Registration Dis	221
Village o	2 FULL NAME Mrs Mary Call	erine Ship	St.; Ward)	[If death occurred in a hospital or institution, give its NAME instead of street and number.]
1	PERSONAL AND STATISTICAL PARTICULARS	ME	DICAL CERTIFICATE O	F DEATH
3 SEX	de Haile Single, MARRIED, Married OR ON	16 DATE OF DEAT	H March (Month)	27 , 1915 (Day) (Year)
6 DATE (July 18 1878	march	BY CERTIFY, That I att 13.,1915., to Man here alive on Man	reh 27 , 1915
7 AGE.	(Month) (Day) (Year) If LESS than 1 day, hrs.		occurred on the date st	0.
	36 yrs. 8 mos. 7 ds. or min.?	Strangu	DEATH * was as follow	exture of at.
(b) Ger business	nde, profession, or Couseunge ar kind of work neral nature of industry s, or establishment in	seest 7	(Buration)	yrs mos 6
(a) Ira particula (b) Ger business which er	neral nature of Industry s, or establishment in mployed (or employer) NAME OF Arkind of work Country Manyland NAME OF	Contributory Secondary	, Child birth	yrs. mos. 6
(a) Ira particular (b) Get business which et	rate of mork of work of the second of work of the second of work of the second of the	Secondary (Signed) Les	Child birth (Duration) M. Boye 1915 (Address) Davie	yrs. mos. 4.
(a) Ira particula (b) Ger business which er 9 BIRTH (Sta	neral nature of Industry s, or establishment in mployed (or employer) NAME OF FATHER BIRTH PLACE OF FATHER	(Signed) State the CAUSES, state (SUICIDAL OF HON OR RECENT RESI At place of death yrs.	(Duration) (Durat	in deaths from VIOLENT (2) whether ACCIDENTAL,
(a) Ira particle (b) Ger business which er 9 BIRTH 10 V) 11 LZ	neral nature of Industry s, or establishment in mployed (or employer) NAME OF FATHER BIRTHPLACE OF FATHER MAIDEN NAME OF MOTHER BIRTHPLACE OF MOTHER WAS AND THE MOTHER ON O	(Signed) State the CAUSES, state (SUICIDAL OF HO) 18 LENGTH OF RES OR RECENT RESI	(Duration) (Durat	in deaths from VIOLENT (2) whether ACCIDENTAL,
(a) Ira particle (b) Ger business which er 9 BIRTH 10 V) 11 LZ	profession, or arkind of work arkind of work neral nature of industry s, or establishment in mployed (or employer) NAME OF FATHER BIRTHPLACE OF FATHER (State or country) MAIDEN NAME OF MOTHER (State or country) BIRTHPLACE OF MOTHER (State or country) MAIDEN NAME OF MOTHER (State or country) ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Secondary (Signed) State the CAUSES, state (SUICIDAL OF HOR 18 LENGTH OF RESOR RECENT RESIATION OF THE WAS DESCRIBED TO STATE OF BURGEST OF BU	(Duration) (Durat	yrs. mos. 4, mos. 4, mos. 4, mos. 4, in deaths from Violent (2) whether AUCIDENTAL, INSTITUTIONS, TRANSIEN yrs. mos.

[Approved by U. S. Census and American Public Health Association.]

6 yrs.). For persons who have no occupation whatever, state occupation at beginning of illness. or given up on account of the disease causing death, engaged in domestic service for wages, as Servant, Cook taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer business, that fact may be indicated thus: Farmer (retired Housemaid, etc. If the occupation has been changed of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more of the second statement. mobile factory. mill; (a) Salesman, (b) Grocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Collon cian, Campositor, Architect, Locomotive engineer, Civil engineer, Stationary freman, etc. But in many cases, is provided for the latter statement; it should be used especially in industrial employments, it is necessary to business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative healthful--Coal mine, etc. Statement of Occupation-Precise statement of occupavarious pursuits can be known. The question The material worked on may form part Women at home, who are engaged in If retired from (b) Auto-

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Branchopneumonia ("Pneumonia, meningitis"); Tuberculosis of lungs, meninginging the properties of lungs, meninging the lungs of lungs

on Nomenelature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." and consequences (e. g., sepsis, tetanus) may be stated SUICIDAL, or no modificate, or as probably such, if impossible to determine definitely. Examples: Accidental drowning: suicule. The nature of the injury, as fracture of skull, head-homicide; Poisoned Struck by railway train-accident; Revolver wound of surgical operation was undertaken. For violent deaths birth or miscarriage as "Puerperal scatichumia, "Puerperal peritonitis," etc. State cause for which "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," state MEANS OF INJURY and qualify as ACCIDENTAL, etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uracmia," "Weakness," "Heart failure," "Haemorrhage," "Inamition," "Marassymptoms or terminal conditions, such as "Asthenia, chopneumonia (secondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. nephrilis, etc. cough; Chronic valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping (name origin; "Cancer" is less definite; avoid use of ges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of Always qualify all diseases resulting from child-The contributory (secondary or intercurby carbolic acid-probably State cause for which Never report mere (Recommendations



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SICIANS should occupation is PHYSICIANS RECORD PERMANENT classified. properly pe UNFADING may certificate. ŏ WITH back term 0 plain See Instructions Information = of Inform DEATH WRITE OF item Every item CAUSE OF Important. œ.

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wolnes STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. It death occurred inWard) a hospital or institution. give its NAME instead ot street and number.] PERSONAL AND STATISTICAL PARTICULARS 3 SEX 5 SINGLE, 4 COLOR OR RACE MARRIED, 191 WIDOWED, (Month) (Dav (Year) ORDIVORCED (Write the word) DATE OF BIRTH (Month) (Day (Year) 7 AGE It LESS than and that death occurred on the date stated above, at 1 day.....hrs. OR ? BOCCUPATION (a) Trade, protession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer) Contributory 9 BIRTHPLACE (State or country) 10 NAME O FATHER ARENTS (Address) OFFATHER *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. (State or country) 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS. OR RECENT RESIDENTS) 13 BIRTHPLACE OF MOTHER (State or country) At place in the State yrs. _ _____ yrs. mos. ... Where was disease contracted. OF MY KNOWLEDGE "It not at place of death? Former or (Informant)usuai residence... (Address). 15 20 UNDERTAKER MORESS Filed.

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

additional line is provided for the latter statement; applies to each and every person, irrespective of age. tion is very important, so that the relative healthfulcated thus: ness. If retired from business, that fact may be indl-CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question who have no occupation whatever, write None. been changed or given up on account of the nisease (a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons "Foreman," (4)

Statement of cause of death—Name, first, the disease causing nearth (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pnenmonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonacum, etc., Carcin-

genital," oma, Surcoma, etc., of..... (name origin; "Cannant neoplasms); Measles; Whooping cough; Chronic "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis. ACCIDENTAL, SUICINAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. For viomia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichae etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failnre," "Haemorrhage," "Inanition," "Maras-Bronehopneumonia (secondary), 10 ds. ample: ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) injnry, as fracture of skull, and consequences (e. g., by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all discases resulting from Meastes (disease causing death), 29 ds.; "Senile," may be stated under the head of (Recommendations on statement of ctc.), "Dropsy," "Exhanstion," Never report



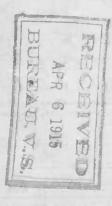
1 PLACE OF DEATH	3980 STATE OF MARYLAND
County Mont formers	CERTIFICATE OF DEATH Registration Dist. No. 2/3
Village or City 17 Vew Man (No	St.; Ward) [It death occurred is a hospital or institution give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE MARRIED, WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH NO. 1914 (Month) (Day (Year)
6 DATE OF BIRTH Mar 28 1915	HEREBY CERTIFY, That I attended deceased from the second s
(Month) (Day (Year) AGE If LESS tha 1 day,hrs	S. The CAUSE OF DEATH'S was as follows:
yrs mos ds or 30 mln. ? OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry,	This was probably a Converted
business, or establishment in which employed (or employer) BIRTHPLACE (State or country)	Gontributory Secondary
10 NAME OF LEWNENCE Smile	(Signed) (Duration) yrs mos.
11 BIRTHPLACE OF FATHER (State or country) 7 7 7 7 7 7 7 7 7 7 7 7 7	*State the DISEASE CAUSING DEATH, or, in deaths from Viole CAUSES, state (1) MEANS OF INJURY; and (2) whether Accide TAL, SUICIDAL, or HOMICIDAL.
of Mother Culharine Hespert	TAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIEN OR RECENT RESIDENTS)
13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	At place in the of death yrs, mos ds. State yrs, mos
(informant) Land reace Son Ith	It not at place of death?————————————————————————————————————
(Address) Kockville X 770 2	- //cetting (sig 3-29-, 191)
Filed, 191	Junines muth Bregnett In

[Approved by U. S. Census and American Public Health Association.]

cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as dutics of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) Civil engineer, Stationary fireman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question who have no occupation whatever, write None. gainfully employed, as At school or At home. Care it should be used only when needed. As examples: the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman,

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronehopneumonia ("Pneumonia," unqualified, is indefinite): Tubereulçsis of lungs, meninges, peritonaeum, etc., Carcin-

cause of death approved by Committee on Nomencla-"Contributory." LENT DEATHS State MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septiehacetc., when a definite disease can be ascertained as the nus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Hacmorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Couthenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, aant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of..... (name origiu; "Canture of the American Medical Association.) sepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably which surgical operation was undertaken. For viomere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. is less definite; avoid use of "Tumor" for malig-The contributory Always qualify all diseases resulting from (Recommendations on statement of (secondary or intercurrent) State cause for Never report



	1	state
		should ON Is
	RECORD	PHYSICIANS of OCCUPATI
MANGEN PERFECTION BINDING	WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.
No. 1.		CAUS!

N.B.

	3982
1 PLACE OF DEATH	STATE OF MARYLAND
m - to	CERTIFICATE OF DEATH
County Montany	214
3	Registration Dist. No. 2/7
Village or City Wookwille (No.	St.;Ward) [If death occurred in a hospital or institution,
Do 1 1	give its NAME iostead
* FULL NAME Im Stephense	of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE 5 SINGLE,	16 DATE OF DEATH Mel 16 1015
Markied, Widower Willower ORDIVORCED	(Month) (Day) (Year)
(Write the word)	17 I HEREBY CERTIFY, That I attended deceased from
G DATE OF BIRTH	Meh 1-6, 1915, to 6 meh, 1915,
(Month) (Day) (Year)	that I last saw h Malive on 6th 1915
⁷ AGE If LESS than	and that death occurred on the date stated above, at 10 Pm.
about 18 1 day hrs.	The CAUSE OF DEATH* was as follows:
mos. ds. Or mio. ?	p Circlinal Concussion
© OCCUPATION (a) Frade, profession, or	Im full and a
particular kied of work Januer	(acchidental) Nephroles
(b) Geoeral nature of industry,	
business, or establishment in which employed (or employer)	(Ouration)mosds.
BIRTHPLACE (State or country)	Contributory (Secondary)
Monlyn	(Duration) yrs mos. ds.
10 NAME OF FATHER	(Signed) & A Assurand N. D.
11 BIRTHPLACE	mich 18/191 of (Address) Brokeville
OFFATHER (State or country)	
OC 12 MAIDEN NAME	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
OF MOTHER	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
13 BIRTHPLACE	OR RECENT RESIDENTS)
OF MOTHER (State or country)	At place to the of death yrs mos ds. State yrs mos ds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted,
0014	If not at place of death?
(Informant) A Massian M.	osual residence
(Address) morRussla	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
16	mr. From man. 18, 1915
Filed Mar. 18 1915 Wm F. Green M. S.	20 UNDERTAKER ADDRESS
Defo. Co Ca REGISTRAR	Mr. Duris Laytonsville
If more blanks are needed, address State Registra	



[Approved by U. 8, Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborerit should be used only when needed. the nature of the business or indust;; and therefore an Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative mealthfui-Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salcsman, additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: For persons "Foreman," The (4)

Statement of cause of death—Name, first, the disease causing death—In with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lodar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

sepsis, tetanus)
"Contributory." such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage, as "PUERPERAL septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), cause of death approved by Committee on Nomenciaby carbolic acid—probably suicide. Accidental drowning; Struck by railway train-acci-LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viothenia," "Anaemia" (merely symptomatic), "Atrophy," Bronchopneumonia (secondary), 10 ds. ample: Measles (disease causing death), 29 de.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis ture of the American Medical Association.) injury, as fracture of skuil, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned "Collapse." "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "Asnant neoplasms); Measles; Whooping cough; Chronic ter" is less definite; avoid use of "Tumor" for maligoma. Sarcoma. etc., of . The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of may be stated under the head "Dropsy," "Exhaustion," (name origin; "Can-The nature of the Never report



UNFADING

RECORD

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STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH PHYSICIANS shoul Registration Dist. No. Ilf death occurred in a hospital or institution, give its NAME Instead of street and number. 1 PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF 3 SEX 4 COLOR OR RACE 5 SINGLE. MARRIED. married WIDOWED, (Month) (Day ORDIVORCED I HEREBY CERTIFY, That I attended deceased from classified. (Month) (Dav (Year) 7 AGE If LESS than and that death occurred on the date stated above, at / 2 /02 m. f dayhrs. The CAUSE OF DEATH* was as follows: OR ? BOCCUPATION (a) Trade, profession, or particular kind of work. pe (b) General nature of industry. business, or establishment in may which employed (or employer) certificate. Contributory BIRTHPLACE (State or country) 10 NAME OF 80 of back 11 BIRTHPLACE ARENT OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 0 12 MAIDEN NAME plain Instructions OF MOTHER LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS. OR RECENT RESIDENTS) E 13 BIRTHPLACE At place OF MOTHER (State or country) EATH of death yrs. mos. ds. State _____ yrs. ___ Where was disease contracted. If not at place of death? 0 OF osual residence mportant. Every It OR DATE OF BURIAL 15 If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons gainfully employed, as At school or At home. mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salcsman, it should be used only when needed. For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphthoria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonacum, etc., Carcin-

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thenia," "Anaemia" (mercly symptomatic), "Atrophy," affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canmia," "PUERPERAL peritonitis," etc. mus," "Old Age," "Shock," "Uracmia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conmerc symptoms or terminal conditions, such as "Asample: Measles (disease causing death), 29 ds.; ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, totanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viochildbirth or miscarriage as "Puerperal septichacetc., when a definite disease can be ascertained as the Bronchopncumonia (secondary), 10 ds. Never report The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of State cause for



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Every flem of information should be carefully sunniled. AGF should be stated EXACTLY DHVCICIANS should also	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCGUPATION Is very	Important. See instructions on back of certificate.

N. B.

1 PLACE OF DEATH

STATE OF MARYLAND
CERTIFICATE OF DEATH
Registration Dist, No. 2/3

[If death occurred in a hospital or institution, give lits NAME lostead of street and oomber.]

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

16 DATE OF DEATH

17 I HEREBY CERTIFY, That I attended deceased from the street and of the street and oomber.]

FULL NAME MANUE CYCLY	of street and comber.]	
PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH		
Arrice Accle Single, Married, Married, WIDOWED, OR DIVORGED (Month) (Day	, 191 <u>\$</u>	
(Write the word) 17 I HEREBY CERTIFY, That I attended 6 DATE OF BIRTH (Month) (Day (Year) (Month) (Day (Year)	2 , 1915	
TAGE If LESS than 1 day,hrs. ORmln.? BOCCUPATION The CAUSE OF DEATH* was as follows:	8.30 a m	
(a) Trada, profession, or particular kind of work	mos. ds	
(State or country) 10 NAME OF FATHER (Signed) (Signed) (Signed) (Signed) (Address) (Address) *State the Disease Causing Death, or, in deaths Causes, state (1) Means of Injury; and (2) where the country of the	from Vicinius	
13 BIRTHPLACE OF MOTHER (State or country) 13 BIRTHPLACE OF MOTHER (State or country) 14 Diace Of death Of Residence (For Hospitals, Institution on Recent Residence) At place of death Of de	NS, TRANSIENTS	
(Informant) THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) (Informant) (Informant) (Informant)		
16 Ansville Ind 3-	BURIAL , 191	
Filed 19t REGISTRAR 20 UNDERTAKER ADDRES If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.	ville In	

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons should be taken to report specifically the occupations who have no occupation whatever, write None, CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the misease Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers minc, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) eases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, Groccry; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, Civil engineer, Stationary froman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman," (4)

Statement of cause of death—Name, first, the disease causing death—Name, first, the death causing death—Name and respect to the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcinelsis of lungs, meninges, peritonaeum,

eause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., scpsis, tctanus) may be stated under the head of "Contributory." (Recommendations on statement of mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal scptichaemus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (mcrely symptomatic), "Atrophy," affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Canture of the American Medical Association.) such, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conmerc symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. nant neoplasms); Measles; Whooping cough; Chronic by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably The contributory (secondary or intercurrent) Always qualify all diseases resulting from Meastes (disease causing death), 29 ds.; "Senile," etc.), "Dropsy," "Exhaustion," Never report For VIO-



PLACE OF DEATH	STATE OF MARTLAND
211. 4°	CERTIFICATE OF DEATH
County Montg	Registered No. Z
Village or Oity Germent (No	St; Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	16 DATE OF DEATH
SEX 4 COLOR OR RACE WIDOWED, Widowed	(Month) (Day) (Year)
Fremale White (Write the word)	17 I HEREBY CERTIFY, That I attended deceased from
GDATE OF BIRTH Aug - 18, 183.9 (Month) (Day) (Year)	Jel 21, 1915; to March 1, 1915; that I last saw h 2/2 alive on March 1915
7 AGE It LESS than 1 day,hrs. ORmin. ?	and that death occurred on the date stated above, at . 3.0 mm, The CAUSE OF DEATH* was as follows:
8 OCCUPATION (a) Trade, profession, or particular kind of work	
(b) General nature of industry, business, or establishment in which employed (or employer)	Bronchitio (Duration) - yrs mos 100s.
BIRTHPLACE (State or country) Mundance les	Contributory (Secondary) (Doration) , yrs. , mos. , ds.
10 NAME OF Colmose Horist	(Signed) Single N. D.
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF FATHER (State or country)	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-
of Mother Ellen Raffitt	CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
13 BIRTHPLACE OF MOTHER (State or country) Montg les	At place In the ot death yrs mos ds. State yrs, mos, ds.
(Interment) Sucian Walters	Where was disease contracted, If not at place of death? Former or
(Address) Germanton Mg	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Filed \$ 1 3 , 1915 . I & Simples REGISTRAR	20 UNDERTAKER ADDRESS ADDRESS AUGUST ADDRESS AUGUST ADDRESS AUGUST ADDRESS AUGUST ADDRESS
If more blanks are needed, address State Registra	r. 6 E. Franklin St., Balto., Requesting V. S. No. 1.

3985

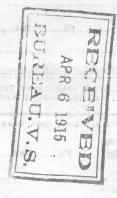
REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health
Association.]

cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, should be taken to report specifically the occupations duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer—Coal "Manager," "Dealer," etc., without more precise specithe nature of the business or industry, and therefore an who have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necfirst line will be sufficient, e. g., For many occupations a single word or term on the applies to each and every person, irrespective of age. mine, etc. Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," (b) Cotton mill; (a) Salesman, Farmer or Planter, For persons (4)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, pertionaeum, etc.. Carcinologies of lungs, meninges, pertionaeum, etc...

such, if impossible to determine definitely. childbirth or miscarriage, as "Puerperal septichaeaffection need not be stated unless important. ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. etc., when a definite disease can be ascertained as the inus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles (disease causing death), 29 ds.; valvular heart disease; Ohronic interstitial nephritts nant neoplasms); Measles; Whooping cough; Chronia cer" is less definite; avoid use of "Tumor" for malig-Bronchopneumonia (secondary), 10 ds. Never report oma. Sarcoma. etc., of ... The contributory (secondary or intercurrent) Always qualify all diseases resulting from may be stated under the head (Recommendations on statement of (name origin; "Can-State cause for Examples: For VIO



BINDING FOR RESERVED MARGIN

S. No. 1.

tated EXACTLY. PHYSICIANS should state Exact statement of OCCUPATION is very PERMANENT RECORD stated EXACTLY. properly classified. UNFADING INK-THIS IS AGE carefully supplied. WRITE PLAINLY, WITH of information should be

DEATH in plain terms, so that it m. See instructions on back of certificate. N. B.—Every Item CAUSE OF Important. 1 PLACE OF DEATH



3980 STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.222

St.;----Ward)

[If death occurred to a hospital or Institution, give Its NAME Instead of street and number.]

PERSONAL AND STATISTICAL PARTICULARS		MEDICAL CERTIFICATE OF DEATH
3 8	Color or RACE Single, MARRIED, Suigle WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH Words T, 1912 (Month) (Day (Year) 17 I HEREBY CERTIFY, That I attended deceased from
6 D	March 7tt, 1915. (Month) (Day (Year)	that I last saw h
(a		and that death occurred on the date stated above, at m. The CAUSE OF DEATH* was as follows: Fudications would be about our week dead in utero;
(b) bus wh) General nature of industry, siness, or establishment in ich employed (or employer)	(Duration) yrsmosds.
	(State or country) Morely. Co. Md.	Contributory Secondary (Duration) yrs mos ds. (Signed) Blos Farquery M. D.
11 BIRTHPLACE OF FATHER (State or country) Moulg. 60. Md 12 MAIDEN NAME OF MOTHER		(Signed) Chas Carqueta , M. D. Morele 9, 1915 (Address) Olicy Mod: *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
α.	13 BIRTHPLACE OF MOTHER (State or country) Moulg. Co. Md THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs, mos ds. State yrs, mos ds Where was disease contracted,
	(Intermant) Boulance Johnson (Address) Rochwill B. F.D. No. 5.	If not af piace of death? Former or Usual residence
16 FII	100 Maris 1915 W Lew 2	Premises of 6601. 76. foliagow 3 - 8 - , 1917- 20 UNDERTAKER ADDRESS
	REGISTRAR If more blanks are needed address State Pages	trar, 6 E. Franklin St., Balto, Requesting V. S. No. 1.
	ate needed, address State Regis	tiar, o E. Frankin St., Baito., Requesting V. S. No. 1.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons should be taken to report specifically the occupations who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Ccrebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculcsis of lungs, meninges, peritonaeum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canmia," "PUERPEBAL peritonitis," etc. mus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," affection need not be stated unless important. ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." scpsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viochildbirth or miscarriage as "Puerperal septichacetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As Bronchopncumonia (secondary), 10 ds. The contributory Always qualify all diseases resulting from Mcastes (disease causing death), 29 ds.; (Recommendations on statement of (secondary or intercurrent) "Dropsy," "Exhaustion," State cause for Never repor

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.



181

PHYSICIANS should state of OCCUPATION is very

led. AGE should be stated EXACTLY.

carefully supplied.

of information should be carefully sure DEATH in plain terms, so that it m. See instructions on back of certificate.

CAUSE OF Important, S

N. B.-

RECORD

PERMANENT

4

UNFADING INK-THIS IS

WRITE PLAINLY, WITH

PLACE OF DEATH County Montgomery Village or City Jakons Park (No	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 223 [If death occurred in a hospital or lostitution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE MARRIED, WIDOWED, OR DIVORCED (Write the word) 6 DATE OF BIRTH March 25 1915	16 DATE OF DEATH Much 30 1913. (Month) (Day (Year) 17 I HEREBY GERTIFY, That I attended deceased from much 25, 1915, to much 30, 1915.
(Month) (Day (Year)	that I last saw her allve on warch 30, 1915
TAGE Organical Street	and that death occurred on the date stated above, at 11,30 Am. The CAUSE OF DEATH* was as follows: Conglintal dibility did to premature diving did (Duration) yrs. mos. ds. Contributory Alebelasis
9 BIRTHPLACE (State or country) Japana Park MAd	Secondary (Duration) yrs mos ds
10 NAME OF FATHER Mouten Lucker Nordal 11 BIRTHPLACE OF FATHER (State or country) Mouth Curalium 12 MAIDEN NAME OF MOTHER Supplies A Brahal	(Signed)
OF MOTHER Sural Broken 13 BIRTHPLACE OF MOTHER (State or country) Worth Carolina 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs, mos ds Where was disease contracted,
(Informant) AS Iwone MA (Address) Irborna Park Ma 15 Filed March 307815 # & Rogers.	If not at place of death? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL March 31, 1915 20 UNDERTAKER ADDRESS 13 3 7 105. N. W.

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

cated thus: CAUSINO DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Mauager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should he used only when needed. As examples: additional live is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. been changed or given up on account of the disease who receive a definite salary), may be entered as (a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never Farmer (retired 6 yrs.) For persons return "Laborer," "Foreman," (6)

Statement of cause of death—Name, first, the disease causing neath (the primary affection with respect to time and causatiou), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synouym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unquallfied, is Indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic cause. Always qualify all diseases resulting from thenia," "Anaemia" (merely symptomatic), "Atrophy," affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canmia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerpenal septichacetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," geuital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. ture of the American Medical Association.) cause of death approved by Committee on Nomencia-"Contributory." sepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Aecidental drowning; Struck by railway train-aeci such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICINAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For vio-"Heart failure," "Haemorrhage," "Inanition," "Maras-The contributory Mcasles (disease causing death), 29 ds.; (Recommendations on statement of (secondary or intercurrent) Never report

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APR 6 1915 BURBAU. V.S.